

THE ALKALOIDAL CLINIC

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WHY THE QUACK?

THERE is no manner of sense in seeking to ignore facts. We may wrap ourselves in the fancied dignity of our professional robes, stalk through the streets like another Faust, absorbed in the contemplation of our own grandeur, but meanwhile the butcher is clamoring for his pay, the robes are getting threadbare, and Billy needs new shoes. And while dust lies on our threshold undisturbed, Quackibus on the main street needs an automobile to hurry him around to his office, where throngs await him anxiously. Nor can we delude ourselves by thinking it is the fools alone who flock to him. Not one only but every quackish cult that rises numbers among its patrons the rich and powerful, the wise and great.

We are told that Germany supports over 100,000 quacks—illegal practitioners. In a population of about fifty millions, that means one to each 500 inhabitants. We have not by us data as to the number of legal medical practitioners in Germany, but it surely is not above one to 1,000; more likely one to 2,000. For

every legitimate practitioner the German people support two to four quacks. And yet the latter labors under great disadvantages, in that he cannot collect his fees by law, and newspapers publishing his ads are pecuniarily liable if the promises made are not fulfilled, and the true composition of nostrums is published, and if disapproved they may be forbidden.

Men should face difficulties manfully. Instead of consoling our pride with euphemistic sophisms, let us ask ourselves squarely the question: Why do the people prefer quackery to us? And they surely do.

Why?

The answer lies in the discredit of therapeutics at the present day. Very largely this comes from ourselves. Contemptuous expressions in regard to drug-medication, uttered by alleged leaders in the profession, are bandied about, quoted with relish, repeated with endless variety by men who think because Oliver Wendell Holmes said a lie smartly, they may gain applause by saying the same thing over, in different words. The fact is,

whatever Holmes may have been as an anatomist, there is little evidence extant that he knew anything whatever about the therapeutics he was so fond of decrying. The fact that he did not know enough to put up a prescription for asthma, but had to recommend a patent nostrum, fairly gauges his proficiency in this line.

But these things go to the people as the views of the greatest of physicians. They take root. They reappear in many forms. The idea of the doctor killing his patient instead of curing him is one of the stock jokes of the professional humorist, ranking with the plumber's diamond and the mother-in-law. And insensibly things said in joke come to be taken as earnest, through iteration.

Since Germany is the most pronounced in this desertion of regular medicine for anything and everything irregular, let us study the state of regular medicine there, and see what it offers the people.

(1) Therapeutic nihilism. Surveying the field of clinical work, on which therapeutic applications are chiefly based, the illustrious pathologists, surgeons and bacteriologists, teachers and specialists, composing the university staffs, find it all so confused, contradictory and uncertain, that they unload the whole mass and take refuge in mechanical applications, ignoring the elements of vitality and drug-action. This famous principle of "nihilism" has ruled regular medicine for many years. How can we blame our patients if they believe us when we declare our helplessness to influence their cases towards a favorable ending? Quite naturally they turn to any one else who holds out hope and claims the powers we abjure. Can we blame them? Would we not do the same thing were we in the

same place? *Don't* we do it? How many "regular" physicians resorted to Keeley, and now resort to "Osteopathy," to Christian Science," Dowieism, *et al*?

(2) "New-remedyism." The therapeutic efforts of Germany's physicians for many years have been confined to the exploitation of the novelties issuing in a constant stream from the German chemical works. We have not heard the cry of "commercialism" raised in regard to this matter, yet it is difficult to see how it can be avoided. Every last one of these remedies is proprietary; held rigidly under trade limits and sold at a generous profit; but all the literature we get from the European therapeutists relates to these articles.

An acute observer once said to the writer, when he recommended a prominent physician: "He may be great, but it is singular that in all his life he has never learned anything as to therapeutics. He always advises the last thing recommended in the German journals. That is an admission that his whole previous experience has not given him a solitary fact in therapeutics worth retaining. And as each year he advises something new, it is an acknowledgment that the things he so warmly urged last year have not proved satisfactory." It is difficult to find a flaw in this argument. The assumption that each new remedy is better than all preceding it, is scarcely worth mention—certainly not deserving of consideration.

(3) "Jackalism." We do not know whether the German medical profession has resolved itself into a *claque* for the mechanical practitioners, as is so much the case here, but it seems inevitable that it should be so. Having lost all faith in drugs it stands to reason that the doctor



Diabetes Mellitus: I have found great benefit from the lactate of strontium, and usually begin with it, and diet.

Diabetes Mellitus: Eulexine, the active principle of *syzygium jambolanum*, has proved an efficient remedy.

must avail himself of every mechanical device, surgery, specialty, applications, rest, exercise, the absurdly misnamed "physiologic medication" methods.

This completes the doctor's abdication. He is now merely a sign-post, pointing the road to the surgeon and only utilized by those to whom the road is not familiar.

Under the circumstances, we no longer ask why people cease to apply to the regular medical profession, but rather we put the query: Why should they?

The basis of the whole trouble is the rotten foundation on which the old therapeutics stands. As long as this consists of uncertain and variable remedies, the results of their use can be but uncertain and variable. When one has mastered the pathologic condition and sees clearly what should be done to effect a cure, and then administers a remedy that he expects to cure but which has no effect or makes the patient worse, how can the doctor help feeling disgusted? And what sort of a doctor is he who never knows what his remedies are going to do? We venture the assertion that for two-thirds of the drugs prescribed by the entire profession, the doctor neither knows what the effect is going to be, nor does he really look for it. He gives a prescription—got it out of a book—the patient is better, and he rests there; or he is worse, and he hunts up another formula. But as to knowing just what each element of that prescription is going to do, watching for that effect, recognizing it, giving just enough to get just the degree of effect he wants and then enough to keep it up just long enough—say, Doctor, on your honor, did you ever do such a thing in your life? Really? Honest Injun?

Except when you gave a physic, emetic or sweat?

Of course we are not asking this question of the Dosimetrist. Such observations are a matter of course to him.

And here lies the remedy: Base your therapeutics upon unvarying, certain remedial agents, whose action you know and can recognize; apply them exactly to the pathologic conditions demanding them; watch keenly to see that you get the exact effect you need, and sustain it as needed. And—the light dawns. The buoyancy, the hopefulness, the positiveness, the faith, that characterize the Dosimetrist is yours. In your eye beams the light of hope. On your brow sits the confidence that comes of knowledge, the security springing from certainty, and the patient, his perceptions sharpened by pain and anxiety, by the dread of death, recognizes in you the power that is yours, and his trust reposes on you with a sureness that makes your way easy. For to every human being comes death at last. And no normal human being wishes to quit this life for the unknown beyond until he must. And when one knows that every possibility within the reach of the human intellect is being utilized to develop and sustain the vital forces and combat that which tends towards the grave, he is content, with the faith that enables his physician to work miracles. But, make no mistake, the knowledge that deserves such faith must be there, or the miracles will fail to materialize.

With such an ideal realized there would be no resorting to quacks. And unlike many ideals, this one is within the easy reach of every real physician, every one who has such a knowledge of



Diabetes Mellitus: It is now thought best not to restrain the diet too closely, and to allow potatoes instead of bread.

Diabetes Mellitus: Strychnine arsenate, iron arsenate, lithium benzoate and quassin, have proved very valuable—a French R.

his profession as will enable him to see the need and to know the remedy.

In this we may see the regeneration of our profession. Principles are few and simple. 1. Know the pathologic state. 2. Know the remedy. 3. Apply the remedy. 4. Recognize the effect when secured.

Is there anything mysterious in this?

Is it anything the doctor ought not to do?

Do you do it now?

The way, and the only way to regain public confidence and render the quack superfluous is to deserve that confidence by thorough mastery of our professional duties. And these lie not in therapeutic nihilism, exploitation of new remedies, or jackalism.

A woman will often more easily resist the love which she feels for a man than the love which she inspires in him.—*Max O'Rell.*

THE "MANDRAGORINE" FAKE.

We have received a number of requests for information as to mandragorine; and as we are originally responsible for the attention paid to this alkaloid, we herewith give some "pointers" as to it.

Benjamin Ward Richardson made some experiments with mandragorine, and stated that there were certain differences between its action and that of atropine. A very acute observer who had studied this matter while taking the Keeley treatment for alcoholism came to the conclusion that mandragorine was the agent used hypodermically, as the effects corresponded with those described by Richardson. Inquiry failed to find any mandragorine in the country; in fact,

the only supply we could obtain was a small lot of the mandragora root discovered in a country drug store, from which we had the alkaloid extracted and made up into tablets. This we believe is the only mandragorine that has been in America during the past ten years.

We corresponded with Merck in relation to a supply, but found that it could only be obtained by special arrangement, since there was no call for it and none was being prepared for the trade. This would run the cost into hundreds of dollars, more than the importance of the article justified, especially as mandragorine is simply a mixture of atropine and hyoscine, and not in fixed and invariable proportions. As it is an easy matter to mix these agents to suit ourselves in prescribing, it did not seem advisable to import the "mandragorine." In the meantime the matter has been taken up by a number of the dealers in secret methods of treating alcoholism and drug habits, probably because the general and medical public knows nothing about mandragorine and cannot procure it. This offers the desirable situation of non-secrecy and impossibility of obtaining a supply except through the exploiters; and under this very ethical arrangement the usual morphine may be dispensed as a cure for the morphine habit, cocaine to cure the cocaine habit, alcohol to cure the whisky habit, etc.

If anyone desires to use "mandragorine," he may give hyoscine gr. 1-100 with atropine gr. 1-250, and he will have it, without the expense. The advertisements tendering this alkaloid are to be placed on a par with those offering "red lava flower," "halish sativa," etc.

In order to learn whether anyone was really buying mandragorine we wrote to

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Diabetes Mellitus: Cicutine, hyoscyamine and camphor monobromide—a French B for the nervous symptoms—very good.

Diabetes Mellitus: Whatever treatment is adopted the cases are better for open and aseptic alimentary canals.

the leading purveyors of alkaloids, asking if they could supply it. We append the only reply received. The deduction is obvious:

New York, July 16, 1903.

"We are in receipt of your favor of the 11th instant, and in reply we would say that we are not in a position to furnish mandragorine. In this connection we would mention that some years ago a certain investigator believed that he had discovered in *atropa mandragora* a new alkaloid which he named "mandragorine;" subsequent investigations, however, have proved this supposedly new alkaloid to be a mixture, in which hyoscyamine predominates—practically impure hyoscyamine.

"Trusting that the above information will be of interest to you, we are,

Faithfully yours,

Merck & Co."

Now doctor don't let anybody fool you on the mandragorine question.

It is in the most beautiful nature of woman to consider herself as a reward, but it is also, unfortunately for her, too often her misfortune.—*Max O'Rell*.

STRAIGHT TALK FROM ALKALOIDAL HEADQUARTERS.

No. 6.

Herewith we present our sixth argument for the desirability of alkaloids in place of the cruder preparations. If the reasoning seems defective we will be most pleased to have the fallacy pointed out. If not, you cannot well afford to neglect the truths conveyed herein.

PORTABILITY.

The question of portability is of the greatest importance to the military sur-

geon. Every ounce of extra weight tells on him. The essentials of a drug store cannot be carried to the firing line; and what is carried there must necessarily be limited to the most absolute essentials. The old-fashioned, country doctor had his saddlebags, well stored with roots, barks, leaves, seeds, etc., and could condense his needs into a matter of 20 pounds, for immediate use, relying on the boy sent back to the office for things that could wait. Now we reduce to the compass of a little case, to be carried in a vest pocket, an assortment of powerful agents that do the work of his 20 pounds, and weigh possibly half an ounce. Let us see what we can carry in this little case:

1. Atropine. To stop hemorrhage, syncope, shock, heat exhaustion, pernicious chills; choleraic, cramp, dysenteric, diarrheic, and all spasmodic attacks and vomiting.

2. Aconitine. For all fevers and active hyperemias, neuralgias, excited states of the heart, sunstroke.

3. Glonoin. For shock, syncope, hemorrhages, chills; given with atropine it acts quicker and opens the blood-vessels so that the more enduring agent gets to work quicker. The three above-named will quell almost any pain, neuralgic or spasmodic.

4. Strychnine. The most powerful of stimulants, to sustain heart and lungs, or any function requiring quick and strong support. For abnormal relaxations.

5. Emetin. For dysenteries, diarrheas, all conditions requiring an emptying of the stomach and bowels. For the insomnia of alcoholism, cerebral hyperemia (with aconitine), nausea, coughs and colds, indigestions, gastric headaches, etc.

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Diabetes Mellitus: Recent investigations, showing the large part played by the pancreas, indicate the use of its extract.

Diabetes Mellitus: Examinations as to the excretion of sugar should be made once a week to estimate treatment properly.

6. Colocynthin. A prompt and sure cathartic, with little tendency to griping.

7. Arbutin. To soothe an irritable bladder. For want of this Napoleon failed to push the Battle of the Moskwa to a complete victory.

8. Calomel. It does so many things, that it deserves a place in so limited a list, for which an extensive one would show better substitutes.

9. Morphine. The same remarks apply as to calomel.

10. Capsicin. This potent stimulant is useful when given with such remedies as atropine, to awaken the resistance of the vital forces. A Hindu proverb says that in the acute attacks of chills, dysenteries, cramps and fevers, common to hot countries, if you can bring the tears to the patient's eyes you will save him. A few granules of capsicin on the tongue will often do this, and make easier the task of the other remedies.

11. Potassium permanganate. Even a fair supply of these tablets can be carried in this case, to add to any water accessible and render it safe for relieving the thirst of the wounded.

12. Veratrine. For high fever, stoppage of elimination, sunstroke, fatigue, sthenic hyperemias, febrile convulsions.

The twelve vials in this case contain each about 150 granules, each a dose; so that we have in it nearly 2,000 doses of the most active medicaments that one may need on the battlefield. Among these are the most effective hemostatics known, and the other remedies that best meet the conditions presenting themselves in field work. Those who prefer more drugs can easily carry a greater assortment by putting two granules of different colors in one vial.

This is of course simply a suggestion,

Diabetes Mellitus: These cases do so well upon a fairly limited diet and treatment that the prognosis is fair.

as each will make his own selection; but it shows what may be done with the alkaloids, and not with any other agents at present known to the profession. For valuable as are the synthetics, and the serums, they are all too bulky for any such a purpose.

The reputation that a woman should try to obtain and observe is to be a sensible woman in her house and an amiable woman in society.—*Max O'Rell.*

THE PHILADELPHIA MEDICAL JOURNAL.

It appears that the demise of the *Philadelphia Medical Journal* was due to a disagreement between the editorial staff and the owners. The journal was published at a loss; which they felt no obligation to continue, so the owners desired to increase the advertising income by favors in the reading pages; the editors refused; and the journal was transferred to the New York journal.

There are two sides to the question. Dr. Lloyd and his associates gave us a clean, good paper, which to the writer at least was one of the most interesting of the exchanges. We rarely read a number without finding matter too good to miss transcribing in some manner for our CLINIC readers. Nevertheless, we are not surprised at its failure. The duty of a medical editor is to print such matter as his readers need, rather than what interests the editor himself. And the more highly "cultured," and "specialized" the editor, the farther he is removed from the field of actual practice occupied by his readers, the less likely is he to appreciate their needs. Dr. Lloyd is a neurologist—as every number of the journal abundantly proved. He is

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Diabetes Inipidus: Excellent results have been obtained from ergotin, gr. 1-6 to j every two hours, till effect.

erudite, and the common things of medicine have little interest for him. So that in spite of his ability, and the acknowledged excellence of the journal he furnished, he did not succeed in winning a subscription list large enough to support his journal.

Who would compare the value of a volume of Spinoza and a loaf of bread—but if you were starving, which would you rather have? It is good and very good to know all about pachymeningitis and Raynaud's disease, but if your patients persist in having pneumonias, and colics, and babies, is it not better that you know the best means of treating these maladies?

It is the old story again. One sets up an ideal and expects everyone to move up to it, without first ascertaining whether the ideal is suited to or even possible with them; and when the *a priori* scheme proves unsuitable, the race is blamed for not being adapted to it.

Under its present management the *New York Medical Journal* has done much to show that a journal may be really erudite and yet practically useful; its head may be in the stars yet its feet planted on tangible, supportive earth. And now we will see what comes next.

A woman can take the measure of a man in half the time it takes a man to have the least notion of a woman.—*Max O'Rell.*

WHISKY AND CHRISTIANITY.

The following open letter from the trenchant pen of Bishop Keane of the general Catholic church is so to the point that I want to place it before CLINIC readers in the hope that through them its

sentiments will be broadly spread. Its application is general:

"In very many localities I have been grieved by what pastors and people have told me concerning the ravages wrought among young and old by the abuse of drink. And in every case the evil has been traced to the pernicious influence of the saloons. Wherever they exist, they are public temptations to drink. They solicit, they allure to this dangerous indulgence, and it is not to be wondered at that multitudes fall victims to the temptation. Once a young man has put his foot across their threshold, he has taken the first step in a slippery and downward path.

"It is no phantom of fanaticism that we assail, but a public and widespread evil, which the bishops of the whole country have repeatedly declared to be the chief source of scandal and sin among our people. It is no innocent and well-meaning body of trades-people that we are hindering and harassing in a harmless and beneficent business; but, on the contrary, a strongly organized, fiercely aggressive and absolutely selfish interest, against which church and state have raised their voice again and again, but which stands as resolute and defiant as ever, which scoffs at law and order, which seeks to control governments for its nefarious ends, which multiplies public temptations in order to multiply its unholy gains, and against which we are therefore compelled to fight in defense of Christian morality, in defense of our weak and tempted young people, in defense of the happiness of our homes and the salvation of innumerable souls. In such a contest there can be no neutrality, for Our Lord says, 'He that is not with me, is against me; and he that gathereth not with me, scattereth.' Range yourselves, then, on His side, and earn by your devoted zeal the reward which He will surely give to His faithful servants and soldiers. Multiply your societies, multiply their membership, multiply their earnestness and energy,

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Diabetes Insipidus: Pilocarpine full doses reduces the flow to the minimum and after it other drugs act better.

Diabetes Insipidus: Morphine and codeine reduce the excretion of urine, but the benefit is not worth the certain habit.

multiply the good which they accomplish for the abating of public temptations and the safe-guarding of morality. And may he be ashamed who would dare to raise his voice against this most noble work."

I should be glad to know that the whole CLINIC family was immutably fixed in their stand against this king of evils.

Frivolous love may satisfy a man and a woman for a time, but only true and earnest love can satisfy a husband and a wife.—*Max O'Rell*.

HYOSCINE.

We did not enthuse much over the use of hyoscine as a cure for the morphine habit. We had used hyoscine in these cases for ten years, and had not discovered enough value in it to inspire publication. So we are not surprised at the report upon this treatment from Dr. Crothers (*Thera. Gaz.*). Here is one of the truths he utters that might be remembered with advantage: "The withdrawal period is usually regarded as the most important, when literally it is of little significance, compared with the after treatment." "I have made several tests of hyoscine and always with bad results." He speaks of delirium lasting two months; of mental derangement necessitating confinement in an asylum for two years, still continuing; two alcoholics remaining demented; "in all these cases the stupor, delirium and general relaxation with extreme exhaustion was prominent." Several cases are quoted in which the sudden death was attributed to the hyoscine.

Better be careful about the use of hyoscine as a miraculous remedy for drug habits. Miracles do not work well in these days.

Young women should bear in mind that husbands are not creatures that are always making love any more than soldiers are men that are always fighting.—*Max O'Rell*.

BUSINESS AND ALTRUISM.

We have been asked to say a good word for the American Mothers' Birth Insurance Company, a Massachusetts corporation, under the wing of the American Mothers' Association.

Now there is nothing we would not do to oblige the American mother, collectively or individually; but we do not approve of business and altruistic mixes. We have never known one to succeed. Nor do we see how the organization of another life insurance association is going to advance either the "enlightenment and uplifting of the mothers," or favor the legislation on "marriage and divorce, compulsory education, equal guardianship of children, child labor, selling of intoxicants and tobacco to minors, the juvenile court and probation system, adulteration of foods, and other matters upon which the permanence of the family, the proper training of future citizens, the health and the happiness of the home depend." We prefer to wait till we see the new *Mothers' Magazine* before venturing to blindly commend what we as yet know nothing about.

Nor does the proposed American Mothers' College appeal to us as a practical business proposition. Where will they get their students? The mother is too busy to go back to school;

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Diabetes Insipidus: Tannic acid reduces the excretion of urine; give gr. 1-6 every hour while awake; rarely more.

Diabetes Insipidus: Muscarine has some cures to its credit, which are easy to understand from its similarity to pilocarpine.

the girl does not care to proclaim to the world her wish and intent for maternity.

The insurance scheme is the payment of monthly dues, entitling the member to from \$100 to \$500 on the birth of a living child. The officers work for nothing and no profit is to accrue to the promoters. It is managed by women. The Mothers' Association, however, is a stock corporation, with subscription, corporate, associate and junior members. Reading courses and supply bureaus are incidentally mentioned.

The impression made upon us by reading the literature sent us is that there is here a vast and somewhat nebulous scheme, with many ramifications, that would require the brain of a Rockefeller to manage successfully. Financial ability is neither so common nor so cheap as to go begging. It is not to be supposed that any and every set of women or men, even when perfectly upright and actuated by the best motives, will prove capable of successfully managing so complicated a proposition as is there set forth. The man or woman who could do it would be worth at a moderate estimate fifty thousand dollars a year in the labor market. And yet such exceptional qualifications are to be had for nothing. It seems too good to be true.

The central idea is clearly to place a premium on child bearing. Does anyone realize what that would mean in this great country? How many babies are born yearly? How large should a fund be that contemplated such a scheme? The idea needs long discussion and consideration before it is put to application. Should it be done by financial corporations, private benevolence or government bureaus? What class would

be likely to embrace the opportunity, the cultivated and provident, or the improvident and criminal? The questions involved are too weighty to be passed over without consideration. We opine that those it is proposed to influence are not ready to jump into the first scheme offered, or into any scheme until they are sure they are doing wisely.

A love affair will interest even a very old woman, just as the account of a race will always interest an old jockey. Habit, you see!—*Max O'Rell.*

SUGGESTION IN SURGERY.

How much of the good results from surgical operations can be explained on the basis of suggestion? We see frequently operations that are performed upon people who have been educated up to the belief that nothing else will do them any good.

We all know the result, when the verdict of the consultation is that we will "try" the plan proposed by the believer in drug therapy, and if it fails we will call in the surgeon. The patient comprehends the doubt, his mind is possessed with the idea that the operation is the last resort, and all preceding it simply makeshifts, and he disbelieves in the power of anything but this terrifying, yet for that reason, attractive danger, that lures him—and especially her—like the moth to the candle. Of course, the drugs do no good; probably they are not given a fair chance, and the patient grows impatient for the "real thing."

So the surgeon comes, with his wonderful parade of apparatus and assistants, the ordeal is faced, passed, success

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Diabetes Insipidus: Valerian was an old remedy, and the valerianates are excellent adjuvants to any treatment.

Diabetes Insipidus: Iron tannate has a double effect for good, both ingredients being tonic and astringent.

announced, and hope runs high. Certainly the patient is better. He has had the idea firmly fixed in his mind that nothing else will relieve him, and his hope, his conviction, are received as evidence of success. And so the surgeon receives his fee, marks the case down as another success, and leaves the patient.

What follows? By and by the fact is forced on the patient's unwilling consciousness that the recovery is not perfect; there is still a pain—maybe *the* pain. And so the case comes back to the doctor, or a further operation is devised. But the suggestive influence is not nearly so manifest in this second operation. The glamour is gone, and the results are apt to be judged dispassionately or with the disbelief manifested towards the doctor previously.

Another element strongly favors this suggestive element—the cost of the operation. As a lady remarked, when asked if the Mitchell rest cure to which she had submitted had cured her—"Cure me? It had to cure me! It made me poor for the rest of my life!"

It is not matrimony that kills love, but the way in which many people live in the state of matrimony.—*Max O'Rell.*

THE STOMACH AND THE MICROBE.

Scientists working for Mr. John D. Rockefeller believe that they have "isolated"—by which they mean, captured, identified and classified—the microbe which causes summer complaint, or intestinal poisoning among infants.

Mr. Rockefeller deserves thanks for

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Diabetes Insipidus: Strychnine is nearly always needed, and the nitrate is preferred; but the valerianate is better.

his generosity in providing a sufficient fund for scientific research. The men who have worked under his direction in his laboratory are also to be praised.

While the minds of parents are turned in the direction of this microbe; while they are thinking of the frightful mortality among infants caused by summer complaint, we ask permission to talk to them about their children's health and about this microbe question.

There is no doubt that these infinitesimal organisms which we call microbes, bacteria, germs, etc., plant disease in our system.

There is a germ which causes consumption, and it is impossible to get tuberculosis without swallowing many of the germs of tuberculosis, or having such a germ injected into the blood. And so it is with countless other microbes and countless other diseases.

But in caring for children, as well as in caring for yourselves, you should remember this important fact.

The microbe cannot hurt you under ordinary circumstances unless your folly or misfortune has made you the microbe's easy prey.

Of course during epidemics it happens that even the strongest man is overcome by disease. This is due to the fact that the germs exist in such great numbers as to overwhelm the protective agencies which nature gives us against them.

The protection of the human system against germs, both among adults and children, depends mainly, if not exclusively on two things:

First, on the quality of the blood itself, and, second, on the action of the heart.

Good blood usually means a heart that

Diabetes Insipidus: In all cases complicated with syphilis, give for both the iodides of iron, mercury and arsenic.

acts well, except in cases of great temporary exhaustion or hereditary defect in the heart's construction.

The blood, properly nourished, built up by proper food thoroughly digested, contains within itself living organisms, tiny creatures called leucocytes, and these little creatures, defenders of our system, make war against the germs that attack us.

Good, strong action of the heart is important, because such action is needed to force the blood into the capillary veins that cover the mucous membrane—the lining of the nostrils, mouth, throat and so on—a marvelous protecting network.

The mucous membrane lines your system throughout, and not the nose, mouth and throat only.

All germs or microbes which attack your system, attack you through the mucous membrane. They light on the lining of the mouth when taking food. Every day of your life you take into your system germs sufficient to end your life, were it not for the protecting action of the defensive agents in your blood.

It is important of course, for us to understand the various germs of disease and if possible destroy them, or learn to combat them scientifically.

The most important thing for the individual, is to keep the system in such condition as will make the attacks of the microbes less harmful and effective.

In the case of your children these are the important things to bear in mind:

First of all comes the choice of food. The quality of the blood depends upon the food of which it is made.

Second, comes proper digestion which involves slow eating, regular hours, moderate eating and especially, long regular sleep.

Diabetes Insipidus: Acetanilid has been recommended, and may have some control over the excessive urinary excretion.

Next, and as important as all others combined, is the question of good ventilation and proper breathing, for our breathing is the ventilation and re-vivifying of the blood, and absolutely essential to its healthy condition.

So long as love and tried friendship march abreast, living together, a man and a woman can find life delicious.—*Max O'Rell*.

THE CRITIC AND GUIDE.

W. J. Robinson, in the *Critic and Guide*, says: "I believe I have something to say and I mean to say it." And he does say it. He says it so frankly, so bravely, that we read his little journal with an interest rarely felt by one editor in the sayings of another. Nobody goes to sleep over that periodical. There is the delicious uncertainty as to who is going to catch it next. But much as we enjoy the bright talk, the scintillating wit, the redoubtable blows he deals the other fellow, we lay the journal down with a distinct sense of sadness.

Why?

Because we know that in the very nature of things, our pleasure will not last long. The journal will surely degenerate.

Mark Twain once said that no man could possibly contract to be funny a column a week, and keep his word. And no man can be caustic, critical, aggressive, continuously, and keep at just the right point without slopping over.

How we enjoyed *The Lark*, for a year. It is not published now.

What a rich thing was *The Philistine* at first, and for an unusually long time. We do not recollect seeing a quotation

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Diabetes Insipidus: When the flow seems difficult to reduce to reasonable dimensions, give atropine in full dose.

from Fra Elbertus for many months. Too much success and too little criticism ruined him. When a man gets to believe everything he writes is worth printing, his downfall is close.

Aggressive action grows on one. Dr. Robinson will look over what he now writes in a year, and it will seem tame to him. He can make that sharper. He must speak louder to arouse the sluggish. And inevitably he will in time degenerate into rude violence, unrelieved by the wit of the present. They all do. It is like the reading of fiction spoiling one for solid works; the taste for excitement of any sort grows. So send for the *Critic and Guide*, now, and enjoy it while yet there is time, before the evil days come when it has had its say and tries to say more after its stock is exhausted.

AND OH! THE PITY OF IT.

There are times that one feels like talking when it is better not to talk and there are other times when it is absolutely necessary to express an opinion of persons or things. In the course of practice, especially in consultation work, the active and intelligent therapist sees things done and, worse yet, witnesses the results of omissions and commissions upon the part of the "specialist" which make him weep for professional intelligence and hurl anathemas at the therapeutic nihilism which carries with it such devastation.

A case in point is one which was recently seen in consultation by the writer. The patient was a strongly built, single woman, twenty-four years old and of Jewish parentage. The family being in

good circumstances the "best men" were called in to see her. The trouble was laid before them thus: This girl, hitherto enjoying good health, has, for the past few months, failed to menstruate. (At the time of the writer's visit she had been nine months without any sign of the catamenia.) She is troubled with severe headaches, her stomach seems to be deranged, she is costive, and extremely nervous. There is tenderness in the pelvic region, a dirty tongue, bad taste in the mouth and pallid complexion. What's the matter? The attending doctor went straight for the pelvis and called in an eminent pelvic expert to help him "go for it."

Together they decided that there was a condition present (unnamed to family) which called for curettage, dilation and the "breaking down of a whole lot of adhesions."

They put in a nurse, they dilated, they curetted and they tore ruthlessly down those adhesions—*per vaginam*. Then they put in fearful and wonderful appliances to keep up dilation and drainage.

The doctors came, the nurse stayed; the headaches and other troubles also stayed but the menses did not arrive as per schedule. And the girl—she is an unmarried girl remember—got steadily worse.

Then came some more wise men and there was muttering about "Graves' disease" but some more pelvic work was accomplished and some more money collected.

But the girl got worse. To move her bowels she got large and very nasty doses and to relieve her headache, she got equally large doses of hyoscine. Still the menses remained absent and

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Diabetes Insipidus: The thirst must be restrained, by will, by phosphoric acid, by quassin, and by chewing gum.

Diabetes Insipidus: All cases are easier to manage after free sweating with muscarine or pilocarpine.

the tongue kept broad, dirty and indented; still the stomach refused to be fed and "comforted" even when they fired into it ten grain powders of some abhorrent material which smelt badly and tasted worse.

This rebellious and absolutely unreasonable girl would not stop having headaches; she would retch and be nauseated, she complained of her head and generally behaved as no girl who had had her uterus dilated and scraped should behave. Her ingratitude and unnatural stiff-neckedness were really grievous.

The mother and the brother called the attention of the wise men to the fact that there was a tendency to liver torpidity in the family; that, since a child almost, the girl had had nervous dyspepsia and humbly and with bated breath, they asked for the name of the mysterious malady which was "sapping the life of their beloved away." A terrible and suggestive silence reigned, and the girl got worse.

Finally, the brother, who travels some and has four wisdom teeth called the wisest of these therapeutic nihilists aside and said "we respect your profound knowledge and wisdom but we are fond of the girl and we are going to see if there is not someone else who may not be as profoundly wise as you are but who may peradventure have more common-sense and can therefore understand this case better." Or words to that effect.

Then arose the doctor whose specialty was the female pelvis and he said: "Tell the girl to arise, take the nurse by the arm and go out and walk, for there is nothing the matter with her beyond 'nerves.'"

As the brother had paid the pelvic performer some hundreds of dollars this gave him keen pleasure and he now dreams of founding an institute for the care and maintenance of old and penniless gynecologists. He appreciates them at their true worth.

And now entered a young and absolutely plumeless doctor who had been drilled in therapeutics—alkaloidal therapeutics at that—till to "clear out and clean up and keep clean" was as much a matter of course with him as was thinking.

After a minute examination he ruthlessly and with almost criminal frankness told the family—and the patient—that the liver was sluggish and enlarged, spleen ditto, the stomach flabby, digestion almost nil and therefore that nutrition was almost nothing. That the blood naturally was loaded with morbid matter, the intestinal tract merely several yards of infected and infective tube closed at one end by a contracted sphincter and opening at the other into a most unpleasantly coated gastric cavity.

He explained the troubles which follow faulty assimilation; he traced the disease back to its primal stage and proved to those uneducated and crude, lay minds that *all* the girl needed was a clean *prima via*, improved nutrition, better blood and more of it, an active liver and emunctories and finally a dilated sphincter ani.

The family listened, nodded and acquiesced but to make matters sure the young therapist asked for an older specimen of the same species to consult with. And lo and behold the experienced one (from the CLINIC office) came, examined and said "me too," which under



There is nothing to equal blood-dressings to nourish and assure the success of skin grafts. Apply frequently.

When you think you have a broken rib it is not necessary that you should secure crepitus: treat as though you had.

the circumstances meant a whole lot to the young doctor. At any rate it meant that the girl was put on an eliminative, supporting and hematinic treatment. The liver and other organs were coaxed to act, the stomach was cleaned out and toned up, small and oft-repeated doses of concentrated nutriment were given and the bowel was made and kept aseptic. Worst of all the pelvis was left entirely alone—wasn't even tamponed—and remarkable as it may seem the girl got better at once. But then she was always stiff-necked and lacking in appreciation of gynecological gymnastics. But she's getting well as fast as she can.

PRIMROSE POISONING.

A correspondent writes us that he was called to see a woman, found her hands swollen, red, inflamed, intense itching and burning, face also affected, right eye and side of face to chin resembling erysipelas, sleepless, nearly crazy, and could get no relief, except from hot water running over the hands, when the irritation seemed to run out the ends of the fingers. Several physicians had called it eczema, but had not relieved her, and she had steadily grown worse. Lead water and laudanum were prescribed, also bromide solution; with strychnine and echinacea internally. The burning ceased after 24 hours, and recovery ensued in six weeks. The patient was 69 years old. The attack was traced to a *Primula Sinensis* in her bedroom, which she had repotted just before the attack.

It is well to note that this plant is often guilty of similar misconduct. The application of lead proved successful, but only after 24 hours. We once made

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If the patient complains of more pain or dyspnea after bandaging for rib injuries take off the plaster instantly.

the mistake in treating pruritic maladies of expecting immediate relief, but except from benzoin tincture this is not the case. Lead and bismuth applied locally reduce irritation, but they must have time to act.

CLOSED WINDOWS.

The death of Emile Zola some months ago, was due to the fact that he slept in a room with closed windows and a defective stove. If he had not kept the windows closed he would not be dead, however bad the stove. It is a remarkable fact that an author who wrote a monumental series of books, in which he dealt intelligently with nearly every branch of modern science, did not know enough to ventilate his room.

There is certainly a great and common ignorance regarding the subject of ventilation. Consumption, the greatest scourge of humanity, is chiefly due to breathing bad air. A hundred other diseases may be traced to the same cause.

In the case of the great novelist, death came suddenly by the hand of a poisonous gas, while in other cases it has worked slowly by means of a destructive microbe, but in both alike it has been the lack of ventilation which enabled the agent to do its work. That consumption is caused by a bacillus; that this bacillus exists in the expectoration of those who suffer even in slight degree from the disease; that when dried up and fluffed out of a handkerchief in the form of light, impalpable dust, it impregnates the air; that where this air is breathed and re-breathed by those who live in un-ventilated rooms, it causes consumption and that consumption is still the dead-

Laugh at rib injuries in the young but regard the same injury to an old person with respect and anxiety.

liest disease we have amongst us, are now truisms. Yet we go on shutting our windows as if these things were merely fairy tales. In the accounts of M. Zola's death, we are told that his window naturally had to be closed at night, as if so doing were quite a matter of course, as indeed it is in ninety-nine houses out of a hundred. The English are always boasting that they are a cleanly people, and undoubtedly an upper-class Englishman does spend an inordinate amount of time in cleansing himself. As *Punch* has it, "'e's orful proud of 'is flesh, 'e is." But the average Englishman, with his wool shirts, which are only washed in tepid water; his cloth clothes, which are never washed at all; his carpets which retain the dust of years; his stuffy woolen-covered furniture, which lasts for generations, and with his beds, which are hardly unpicked or stored, is by no means the cleanly animal that he thinks himself.

Still, even these things would not be so bad, if John Bull would but insure a free current of air all through his living rooms, but that is just what the Mrs. John Bull will not allow. Fresh air is "smutty," and night air is "unhealthy," so the windows must be kept shut, is the general opinion, and one which is working great physical harm among all classes.

WOMEN NURSES FOR THE NAVY.

Senator Gallinger of New Hampshire, himself a physician and therefore naturally interested in guarding and preserving the public health as well as that of Uncle Sam's servants, has introduced a bill in the Senate of the United States

for the organization of "a trained corps of women nurses in the United States navy."

He would have it established as a part of the regular medical department of the navy and auxiliary to the medical corps; and his measure provides for one superintendent nurse, ten assistant nurses, forty senior nurses and thirty junior nurses—eighty-one women nurses in the navy at the start. And the Secretary would be given power to increase the number in his judgment.

They must be regular graduates with at least two years' experience and must, before appointment, "be subject to such physical, mental, moral and professional examinations as may be prescribed by the Secretary of the Navy." They would be eligible for duty at naval hospitals or aboard hospital and ambulance ships, or "for special duty" on the recommendation of the surgeon-general. Their pay isn't to be very great—ranging only from \$50 to \$125 a month and "found," with mileage added.

As a general proposition this looks all right. We rather like to see "expansion" in the professional and business opportunities for our American women—and here is a brand-new field. We can picture these trig and trim and chic nurses aboardship in uniform, after they get their—sea—limbs on—and how much color and life they will add to the scene! How much suffering relieve! How much comfort bestow! A good many of the craft are now earning from \$100 to \$200 a month and "found" ashore—but sea duty will be a "snap" compared to that well-paid drudgery. And what opportunities does this sort of service not present?

We had inadvertently omitted to men-

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If you have reason to suspect that the lung is damaged in rib lesions apply ice and bandage lightly.

If there is much tearing of the parietes of the chest or comminution it is best not to apply bandages at first.

tion one or two other and important pre-requisites to these nurses' appointment: "They shall be single, and between the ages of twenty-six and forty." Wise Dr. Gallinger! No extremes of age, but the happy medium? We very much fear, Doctor, that it will be hard to keep many of these naval nurses for the full fifteen years in the service as provided in your bill. Are there not unmarried middies by the score going into the service every year, with more and more coming? Let us suggest a practice that was found to work splendidly in one of our oldest New England colleges: Concerning every woman who applied through a sponsor for a position as a waitress at commons or as "end-woman" the dignified, stern-faced "prex" would ask: "Is she sufficiently repulsive?"

The Chicago Medical Society now devotes part of the annual dues to paying the membership dues to the State Medical Society, and part to the Medicolegal fund, which entitles the member to protection in case of unwarranted damage suits. This is "business." The accumulation of dues to societies the member rarely or never visits, makes them burdensome. Some time since the writer found he was paying out over \$100 a year to societies he never attended, or did so only when he felt his sense of duty to be greater than the certainty of being bored; and concluded that the same money expended in duck-hunting trips would bring a greater dividend—and it has done so. But no doctor knows when he may be hauled up by some ungrateful patient and pettifogging lawyer, and the countenance and support of his

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Fracture or no fracture, if there be a penetrating wound of the chest wall close it at the earliest moment. Drain if needed.

fellows may be of inestimable advantage to him. We hail with approval these evidences of attention being paid to matters of practical utility in our societies, and believe the profession should support those directed so wisely.

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There are signs of a reaction—assuredly not premature. The editor of *American Medicine* objects to the advice that patients having "vague gastric symptoms" irresponsive to rational internal treatment, should submit to a "harmless exploratory investigation." He intimates that the next step will be exploration of the brain for "vague" headaches. Why not?

✽

Minnesota's Governor vetoed a bill that gave osteopaths the right to treat all diseases and sue for their pay, but protected them from malpractice suits. These folk do not ask for much.

✽

The Berlin police warn the public against an alleged remedy for the morphine habit, which has been found to consist mainly of morphine; like the rest of these alleged remedies.

✽

The roof of the Philadelphia Hospital is to be utilized for a garden for convalescents. This is the building from which the roof was stolen some years ago.

✽

Dr. Reynolds computes the population of Chicago as 1,988,870; and the mortality on this basis for May as 15.83 per 1,000.

Do not forget in the chest injuries of the aged that difficult breathing may be due to an emphysema.

LEADING ARTICLES

A CASE OF "SLOW FEVER" AND UNRECOGNIZED SMALLPOX.

By W. L. Coleman, M. D.

IN the evening of February 21 I attended a practising attorney-at-law, nearly 40 years of age, in a rather serious condition, the result of an attack so called "typhomalarial" or "slow fever." The onset of the fever was during the first week in January, and, for nearly eight weeks, it had continued the even tenor of its way, in spite of the vigorous and heroic efforts "*secundem artem*," of two allopathic, one osteopathic and one homeopathic physicians, each of whom, in turn, had tried his hand for a week or ten days unsuccessfully. The last allopath in abandoning the case said he had tried all the febrifuges and antiperiodics known to medicine, and candor compelled him to say further that this was a disease which had a certain course to run, over which medicine had no control, and the fever must be allowed to wear itself out. And I will add that the prospects were good that it would wear the patient out also.

Having known and treated this man all his life I regarded his condition as far more serious than he or the family did, for he inherited a strong, tuberculous diathesis, and I had with difficulty ward-
ed off consumption at the age of puberty,

since when there has been no manifestation of tuberculous action in his lungs, but I feared there might be in other organs, though in the incipient stage still.

No such disease as "typhomalarial" fever can be found in the regular nosologies of medicine, and its true nosology is wholly unknown. We can only speculate and theorize as to its origin and cause, and as in all similar questions in medicine, the opinions and theories are legion. To which I now beg permission to add one more differing greatly from all others. The experience and careful bedside observations of nearly half a century have forced me to the conclusion that it is the best example "*par excellence*" known, of what may be termed a drug disease; and in my humble opinion it results from over-medication (especially with calomel and quinine) of the old-fashioned "bilious remittent malarial fever" of our fathers, which fifty or seventy-five years ago generally lasted from seven to nine days, but has now been protracted and prolonged by this over-medication for as many weeks.

During a discussion I said that the physician who in this enlightened day

contended that medicine had no control over or power to shorten this or any other acute disease in the dynamic stage, was so near the tail end of the profession that he never would catch up, and would be happier and do more good for humanity by dropping out altogether, and getting between the plow handles and becoming a tiller of the soil (as I have done). For I could say truthfully, that during my fifteen years of dosimetric practice I had never failed in a single instance to jugulate every case of this particular form of fever in from three to five days.

But to cut a long-winded story short, this patient begged me to remain during the week and see what I could do for him, although he was so discouraged and disgusted that he had sworn to never take another dose of medicine from a physician; especially quinine, which affected him badly. I said I would make a thorough examination next day and if I did not find too great organic lesions would take charge of him, provided he would promise to obey and carry out my instructions to the letter.

Upon a hurried and rather imperfect analysis of his urine next morning, I found its s. g. to be 1010, pale, considerable trace of albumin, some biliary products, and almost alkaline. The right kidney and lower part of the liver were so engorged, swollen and tender, as to prevent a proper examination, causing so much acute pain upon any movement as to elicit a cry of suffering. Morning pulse 90, temperature 102, afternoon pulse 110 to 115, temperature 103 to 104.5.

Treatment proper began Tuesday, February 24. Dominant: The Defervescent every two hours from 10 a. m. to

10 p. m.; one granule podophyllin and two of aloin at bedtime every other night, followed by a dose of Saline Laxative (Abbott) next morning; at 12 m. one granule of strychnine arsenate and three each of quinine arsenate and iron arsenate, every two hours till 8 a. m.; the Defervescent to be resumed at 10 a. m.; and this dominant course to be kept up without interruption for three days and nights.

The "variant" treatment was various indeed. The first thing I did was to split a "*Tuo-Sano*" plaster ("Oh! horrors!" methinks I hear a "codist" cry) into two, and apply one-half over the spinal column opposite and the other half across the side over the right kidney. I heard no more complaint of pain or tenderness in that region.

I am writing solely for the good of humanity, and the benefit of such of my brethren as will condescend to hear and accept the few simple facts presented by one of the humblest yet the most ardent and earnest truth-seekers in the ranks, gleaned from his long personal experience and observation. So being no longer hide-bound by "the code," and believing I am perfectly free from prejudice, bias and intolerance, I hope our broad-minded and liberal-hearted editors will pardon and permit me to tell the CLINIC family a few good things I have learned by actual test, and proven to be perfectly reliable to do what is claimed for them.

The first of these is the "*Tuo-Sano Plaster*," which I call dog-latin, meaning "I cure a cough;" being composed (the term I mean) of two Latin words, *tussis*, a cough and *sano*, I cure. How it does it, or what is the method of its therapeutic action, I am wholly ignorant; but I can

Diabetes Insipidus: The gentle astringency of arbutin, gr. 1-6 seven times a day, for months, should be useful.

Diabetes Insipidus: As pilocarpine and muscarine have proved useful, try physostigmine and picrotoxin also.

testify with perfect truth and without the least degree of exaggeration that it quickly, pleasantly and effectually relieved and cured laryngeal and bronchial coughs in more than a dozen cases last winter; and these coughs, as is well known by the whole profession, are most stubborn, rebellious and difficult to affect or cure by internal medication of any kind. In addition to this, which from its name would seem to be its chief purpose, I found it far superior to all the old porous plasters on the market, which we have so long recommended in promptly relieving deep-seated pains. I have made this long digression because I deemed it necessary to explain why I am caught using "patent" medicines in my old age, and hope the brethren will not look upon it as a sign of second childhood or imbecility; and yet if they could see me enjoying the company of my five bright little grandsons, with ages from two to nine years, they would say that I had become a child again indeed, and in truth without a thought or care of trouble and worry.

Having used this plaster then with so much benefit in the case being detailed, the rest of the variant treatment was in reference to his organic troubles. Suffice it to say, I gave arbutin, barosmin and digitalin as diuretics; macrotin, cicutine and hyoscyamine to soothe and relieve pain, all of which produced the desired effects.

The dominant treatment, was carried out faithfully for three days and nights, and Friday morning, February 27, his pulse and temperature were found to be normal for the first time this year. I dismissed him taking the "Triple Arsen-

ates," improving rapidly, and highly delighted with the "little pills," which he declared would be his only medicine for the future, provided I could induce some good, up-to-date, dosimetric physician to locate in the city. There are several making a pretense of it, but sadly lacking the "decision" upon which Dr. Burggraevé insisted so strenuously at all times as necessary for success.

But oh! I made the "*faux pas*" of my life in my next case of "slow fever," disgraced the profession, was so deeply mortified, chagrined and humiliated, that it occurred to me I ought never to prescribe for another case of any kind. A young normal student boarding just across the way sent for me Thursday p. m., April 9, giving a history of prodromal symptoms, common to several diseases, especially "slow" and typhoid fevers, for the preceding ten days. Said he had consulted one of the leading physicians of the place the day before, who advised him to go home, as he was in for a six or eight weeks' siege of either typhomalarial or typhoid fever, to diagnose which he gave him a dozen large size capsules to take three every morning, one every two hours; and if they stopped the fever it was malarial, if not it was typhoid, which he was strongly inclined to suspect. He had taken three that morning and they had, as he supposed, given him such a peculiar and intense headache that he did not intend to take any more. I told him if he had nothing more than "slow" fever I thought I could guarantee to jugulate it within a week, and that he need not lose more than ten days. His pulse was 90, temperature 104.8, and he had a singular-



Diabetes Insipidus: That pilocarpine, muscarine, picrotoxin and physostigmine are similar does not mean they are identical.

Diabetes Insipidus: We have an idea that the best remedy will not be far from berberine and arbutin, after pilocarpine.

ly slow pulse during the whole spell, 90 being the highest point, and it was generally so when the temperature was 102 to 103.

I put him upon the dominant treatment given the preceding case, with the addition, fortunately, of eight granules of calcium sulphide during the last two days. This I did on account of his peculiar "facies," which indicated to me that there was something amiss with his blood. Everything went on smoothly, and just as I had anticipated and wished; and Sunday morning, 72 hours after treatment began, finding his pulse and temperature normal, with a good appetite and a feeling of well-being, I dismissed him with the usual tonics and permitted him to leave the bed.

"Pride goeth before a fall," so, rejoicing in my success in thus jugulating again so easily in three days, a case that had been diagnosed as "slow" or typhoid fever by a more eminent and distinguished physician than I have ever been, I had forgotten that the young man had called my attention to an itching eruption on his face and upper extremities, which made its appearance Friday night. And I had neglected to examine it, a thing I would not have done had I been in active practice. But the light in the room was always bad, day and night, and my sight worse still; that is to say, I read and write as well and with as much comfort without the aid of glasses as I ever did in my life, but at a few feet distance everything appears in a "haze," and I can scarcely distinguish a person or anything at ten feet away. Hence my neglect of duty; and a very poor excuse for it I readily admit.

Anyhow, on Monday morning it was reported that the young man had smallpox, and hastening over to investigate I found to my horror he presented a well-marked and unmistakable case of "variola discreta," to the contagion of which, by my criminal neglect, I had permitted the thorough exposure of eighteen (including our own family), non-immune and mostly non-vaccinated persons; and that, too, till the fourth day of the eruption.

I am too deeply mortified, humiliated and hurt to attempt to find any excuse for myself, although my ill-health, feeble condition, impaired sight, being out of practice, and the diagnosis of the case as slow fever by another physician, may somewhat palliate the neglect. But it does not in the least degree relieve my feelings and regret. To repair the damage as much as possible, I reported the case to the health officer quickly, vaccinated the whole layout, and furnished them with an ample supply of calcium sulphide, with instructions how to take it "till saturation;" and saying that if they would do this faithfully I would guarantee that if it did not prevent the disease entirely, it would modify and render it so mild that it would not be worse than a mild case of chickenpox, and they would not have to go to bed on account of it.

I put the patient to taking calcium sulphide rapidly, and he was removed to an isolated house and supplied with a nurse, though he scarcely needed one, for he never went to bed again and never had a particle of secondary fever, but made a rapid and uninterrupted recovery.

The first step in the treatment is to distinguish between diabetes insipidus and diabetes mellitus; they are often mistaken.

Diabetes Mellitus: Arsenic bromide has won repute; gr. 1-67 three times a day, increased to full toleration—arsenic symptoms.

The man of the house and another student (room mate of the first case), I saw next day, and decided they too had smallpox, and again notified the official; who on coming out could not decide but said he did not believe it was smallpox, there being no eruption. However, the next day, the third of the fever, there was enough to make it beyond doubt, and they of their own accord joined the first case in the isolated house. The rest of the students were permitted to go to another isolated, noninfected house, and after disinfection return to college. This left the mother, daughter and two little boys in the original infected house, all of whom had been successfully vaccinated, except the mother, and they had all taken calcium sulphide more freely than the rest. In fact I attribute the failure of the three vaccinations in the mother to the effect of the calcium sulphide she had taken, for I vaccinated one healthy little fellow in his fourth year, twice in two weeks after his exposure, without any effect, because his mother kept him saturated with calcium sulphide during that time. But when the period of danger was over she left it off, and my third vaccination "took" beautifully. I expect the same thing to occur in the mother when her period of danger from exposure to her husband is over, and she is willing to leave off the calcium, which will be in three or four days.

The city physician and most of the resident practitioners "pooh-poohed" and ridiculed the idea of calcium sulphide curing or preventing such a serious disease, and seem to think it is a wild, visionary, "cranky" idea of mine, and say it is an unjustifiable and unwarranta-

ble experiment. Experiment! Great Cæsar! But enough, it is useless to say more.

The last two cases now in the pest house have taken sufficient calcium to prevent vaccination taking, but not enough to ward off the disease wholly; but note well how plainly and indisputably it modified and robbed this loathsome disease of its usual danger and suffering in two previously unprotected persons. The student, who had taken the most calcium, did not go to bed again after the initial fever was over, and he only has six or eight pustules on his face and about a dozen scattered over the body, all of which were evidently rendered smaller than usual, and hastened through the different stages till he is now in the same stage of convalescence or rather desquamation as the first case, whose attack began two weeks earlier than his. The other case exhibits about half as many pustules on the face as the first, showing the efficiency of calcium sulphide in preventing the formation of pustules, upon the quantity of which the severity and danger of the disease always depends.

Let younger brethren profit by and learn from the mistake and neglect of the old man, the important lesson that eternal vigilance is necessary in their warfare with disease.

If I had time and space I would give what I consider pathognomonic of smallpox, several symptoms so plain and simple that they would enable any careful, observant physician to diagnose the disease before the appearance of the eruptions.

Huntsville, Texas.



Diabetes Mellitus: Arsenic bromide is extra good for thin people and those who also have disordered livers.

On no account attempt to use a canula or syringe on any body cavity unless you have first run carbolic through it.

FALLACIES OF HIGH ALTITUDES.

By John M. Shaller, M. D.



HERE is a belief very prevalent, that the altitude of Denver is conducive to nervous and to heart diseases. So strongly rooted is this belief that great surprise is expressed by tourists when they learn that they can walk about without becoming faint, short of breath, or have nose-bleeding or feel some discomfort. 'Tis true that some people feel more comfortable at the seacoast while others prefer the mountains. These are the usual exceptions. The established erroneous beliefs that high altitudes are injurious, has more to do with the production of nervous symptoms, than has the altitude itself. Neurasthenics or nervous people in general anticipate something. Their mind is set upon dizziness, dyspnea and palpitations, and they usually get what they are looking for in higher as well as in lower altitudes.

After one or more days of travel there are some individuals who do not feel well upon their arrival in Denver. The change of scene, mode of sleeping, eating, the making of new acquaintances, and the constant round of excitement affects different people in different ways. Some cannot sleep at all, while others want to sleep all the time. So it is with all things.

These same tourists would not feel any better at home, probably a great deal worse, if they attempted to do there what they do here, in laboring as hard, as persistently and as interminably, to go over the whole State of Colorado in a few days. Now Colorado is tolerably large. It contains about 100,000 square miles of

land, as much as all of the New England States.

Sight-seeing is very wearing upon the nerves. Thousands of beautiful mountain scenes with their varying colors pass panoramic-like before their eyes in a single short trip.

Delicate men and women who at home make very little effort, now attempt to climb mountains, the most laborious work known. It frequently happens that such persons are compelled to remain in bed for several days after such a trip.

Why? Because of the altitude? No, but because of the severe strain to which their muscles, particularly the heart, have been subjected.

One can really make greater muscular efforts here than at home. The air is purer, more bracing, and fatigue is not so easily produced. Then that miserable "tired feeling" does not assert itself, and consequently one goes on performing work beyond one's capacity and endurance.

The altitude can be blamed for the latter, for the bracing air does make mountain climbing very seductive for the tenderfoot.

The magnificent views, the rocks, immensely great and beautifully colored; the flowers, delicately tinted and daintily formed lie hidden protectingly under the shade of immense rocks; then the blueness of our skies, all aid in keeping up intense mental excitement, sufficiently great to suppress all sense of muscular fatigue until the end of that trip. Then the mind no longer being engrossed and stimulated by external objects, muscular



In tapping the chest bear in mind the landmark;—upper border of the lower rib. Mistakes are serious.

Never evacuate the chest too fast: the lung should rise up and fill the space gradually as you empty it.

fatigue springs up and manifests itself frequently in a painful manner. This is a case of prolonged muscular effort. The altitude alone cannot produce these effects although it is looked upon as the cause of nearly everything mentally, physically and even morally. An eastern friend on a visit here wished to purchase some building lots in Denver. The agent talked so booming and so exaggeratively about their value, of the superlatively prospective advantageous prospects, that it made my friend faintly suspicious that the agent might infringe upon the truth, if he were not very careful.

After meditating upon the subject for a time my friend actually made the statement that the agent was apparently a self-convicted prevaricator, and said with all due seriousness "that the altitude was the cause of it."

An elderly woman in describing the effects of the high altitude of 9,000 feet, where she was living, said in language more forcible than polite: "That the effects were fine for men and donkeys, but rough on women and cats."

The writer's own experience in climbing mountains and in doing physical work at the Burns-Moore tunnel is a striking example of doing more than one's nature will allow, particularly, when one is not used to it. Never having been accustomed to hard work he climbed steep mountains day after day in prospecting mining claims. The fascination of the employment prevented him from realizing just what extreme efforts he was making, until, finally the heart spoke out in plain and in unmistakable language. The heart became sore and palpitating. So tender was it, that every pulsation was painful. The pulse

dropped from 60 to 50, to 40, to 32. Almost low enough to cause some anxiety and create the suspicion that the number of heart-beats was rapidly approaching an undesirable figure.

It is so much easier to reduce a rapid pulse than to increase a slow one. Each pulsation was painfully slow and its renewal seemed exasperatingly delayed. The treatment consisted in taking four granules of strychnine arsenate and two of "Heart Tonic" cactin every 3 hours.

All climbing or active muscular exertion was stopped. Living at the altitude of 8,000 feet was not changed; walking on level ground caused no increased discomfort; the recumbent posture was assumed only at night.

Within two weeks the pain disappeared, and the heart-beats returned to the normal, but on again attempting to climb, the pain returned, but disappeared only after rest. For some months all mountain climbing was given up completely. About a year after the above conditions began, angina pectoris set in without apparent exciting cause.

The pulse became irregularly intermittent, once or twice within a minute, sometimes not for many minutes.

The cardiac sensations at the time of intermittency were as if the heart actually turned over. This sensation is evidently produced by a very perceptible and easily recognized contraction which is distinctly felt passing from the auricles to the ventricles in the form of a wave, felt only following the intermittency. The heart first strikes against the ribs with a strong impulse, then perceptibly ceases action for a moment. Upon again resuming its pulsations, innervation and circulation having been interfered with,



If there are adhesions and you evacuate the chest too fast the lung will break loose and hemorrhage follow.

You had better not tap if your idea of it is to use force and exhaust the cavity quickly.

it does not immediately recover its rhythm, during which time the sickening sensation becomes manifest as well as does the muscular wave as it passes through the heart, producing a sharp pain, a peculiar fear as of impending dissolution, difficult to suppress even if it is anticipated.

Fortunately these paroxysms last but a moment, for the conviction is strongly present that if these various symptoms would but last several moments, the end must come.

There were also muscular spasms. First, contraction of the diaphragm which causes a gasp and a check in the respiration, then a contraction of the muscles of the legs and arms, particularly of the pectoralis, which very violently drew the arms across the chest. The entire attack lasted just as long as it takes a muscle to quickly contract. Sometimes there would be eight or ten contractions within five minutes, then again there would be no more for many hours. These were likely to come on at any waking hour, never during sleep or in the recumbent position. The muscular spasms were likely produced by cutting off the blood supply in the cardiac ganglia.

The altitude may have had something to do with these attacks of angina, which occurred while living at Idaho Springs, but never did they come on in Denver, two thousand feet lower, or, in any lower altitude than that of Denver. Since residing in Denver, a period of nine months, there have been no attacks.

Medical treatment was of no avail. A peculiar susceptibility to the action of glonoin was noticed. One five-hundredth

of a grain produced palpitation and headache. As the attacks ceased after moving to Denver no medicines were taken.

Only after the severest muscular exertions are there any returns of palpitation and pain, consequently a life as free from muscular effort as possible is being led.

The entire condition was brought about in the first place, by severe muscular exercise, mountain climbing, in one not used to physical exercise. Later the attacks of angina might have been produced by the altitude of between seven and eight thousand feet, in a heart, in which the circulation and innervation had already been impaired.

Moderate exercise in high altitudes is as beneficial, probably more so, than moderate exercise in lower altitudes. Nowhere is the air as pure and as health-giving, supplying mental and physical energy. It is restful, provided one will rest and nowhere is there a spot more picturesque than that at the Burns-Moore Tunnel. The skies are of the bluest blue, the water pure, cool and refreshing. No better place to rest for tired doctors, who at the same time can daily watch the intricacies of mining as they are at present carried on.

We are pushing the good work ahead for the property shows up more wonderful than ever.

There are a number of cottages on the ground and we would be glad to have them used by our friends. Take a vacation and rest. It will prolong life and enable you to do better work for your patients.

314 Mack Block, Denver, Colo.



Too forcible suction when aspirating the chest will cause hemorrhage from the vascular false membranes which are present often.

In empyema it is rarely allowable to irrigate: in most cases it is, on the contrary, actually dangerous.

DISORDERS OF THE ALIMENTARY CANAL.

Read before the J. T. Hodgen Dist. Medical Society of Western Missouri, June 9, 1903.

By M. G. Roberts, M.D.

IN offering an essay on this subject I do not expect to tell the members of this society anything with which they are not already familiar, but hope to direct attention to some things that are so well known that we are often guilty of overlooking their importance.

I have heard the claim made that eight-tenths of all the ills to which the human family is heir can be directly or indirectly traced to some disorders of the alimentary canal. While I believe this claim to be exaggerated and the per cent not so great as claimed, I do believe that proper attention given the alimentary canal will shorten and often abort what would otherwise have been a serious sickness.

But be that as it may, we should be on constant guard, else we will unwittingly allow ourselves to follow after symptoms and treat them without giving due consideration to the cause of said symptoms. A great many troubles are treated as bowel troubles that are not such, while on the other hand many troubles are treated for something else, whose cause should be sought and will be found in the bowels.

Disorders of the alimentary canal do not consist of diarrheas alone. In fact a great many diarrheas are only symptoms, and as just stated, the cause should be sought for elsewhere. While on the other hand a great many headaches, neuralgias and so-called bilious attacks, besides many other ailments that might be enumerated, are the direct results of autoinfection through the alimentary

canal. Then if this be true, the only rational course is to find out with what disorder of the alimentary canal we have to contend, and remove that, when the headaches, neuralgias, etc., will disappear.

To illustrate: It is a well-known fact that some of the worst known cases of indigestion and dyspepsia originate from decayed and neglected teeth, causing poor mastication and infected ingesta, thereby sending the food poorly prepared and already infected into the stomach, forcing it to do work for which it was never intended; and in this way setting up indigestion and dyspepsia and the long train of symptoms accompanying these disorders.

Then surely it would be rational before commencing the treatment of these cases to send them to the dentist, to have the first cause removed before commencing treatment to remove effects.

However the time allowed for such an essay as this will not admit of my undertaking to enumerate all the long list of troubles that might be traced to the alimentary canal; therefore I will confine myself to a very brief discussion of the so-called summer complaints.

During the summer season these troubles like the poor are always with us; so common in fact that it may seem like presumption on my part to undertake to write an essay on the subject. But the common, every-day troubles are the ones that more often give us trouble, so that I feel that any helpful suggestions on these common subjects are really of more use to us than on some rare disorder that

If there are complaints of pain it is an indication that any aspiration of the chest should be stopped.

Some of the untoward results of irrigation following tapping in empyema:—syncope, convulsions and death even!

many of us will not see more than once or twice in a lifetime.

The symptoms of these bowel disorders are so well known that I shall not weary the society with enumerating all of them but will consider the etiology first.

In commencing a study or rather a consideration of these disorders it will be well for us to keep in our minds that there are two classes of causes. One class might be placed under the head of Constitutional and the other Local; both of which must exist before we can have a serious bowel trouble. We should also keep in mind the important fact that many times both classes have their origin outside the patient, or rather the foundation of the disease is laid outside the patient.

The constitutional condition consists of a lowered vitality which brings about a lessening of the secretions, interfering with the digestion, retarding assimilation, and weakening the blood-making organs and lowering the number of phagocytes, the disease-germ fighters or system sentinels, thus leaving the way clear for the absorption of the deadly toxins into the system. And as past experience has taught us that the germs of disease are very ready to attack the mucous membrane in which the physiologic resistance has been reduced, we should ever be on our guard to find the cause for the reduction of the patient's power of resistance that it might be remedied without delay.

One of the most common causes of these disorders is heat. It is a well-known fact that heat above a certain point is depressing to the system, weakening or relaxing the muscular system

in which the heart muscles share, depressing the nervous system, either lessening or increasing the secretions and diminishing the capacity of the stomach for work, and in this way bringing on one of the causes of indigestion. Another effect of heat is to often bring on an intense thirst, when the child being unable to make its wants known becomes fretful and peevish, and instead of having plenty of pure, fresh water receives the breast or bottle and thus overburdens the stomach, and in this way also indigestion is brought on.

Another action of heat is to bring about that peculiar and as yet poorly understood neural influence known as "catching cold," which Prof. Robertson of St. Louis calls "catching hot" when it comes in the summer time instead of the winter, and parents often date the attack of sickness from said cold.

But these direct or constitutional effects of heat are not the only parts it plays in the drama. The effect of heat in unfitting milk (the most common and best food) for consumption is well illustrated by the experiments of Sedgwick and Batchelder of Boston, in 1892. These chemists found that the milk examined soon after being taken from the cow, contained but 69,000 bacteria to each 15 minims, while on the other hand the specimens examined a few hours after being taken from the cow, having increased in heat as well as age, were found to contain four and one-half million bacteria in 15 minims.

Among the local causes might be mentioned constipation, which not only acts as a mechanical irritant but prevents the excretion of the poisonous material from the system, holding it in the alimentary tract until it is re-absorbed, and in this

Some of the "prettiest" work that can be done by the surgeon is the skin-grafting to remedy burn lesions.

Bear in mind that the scrapings of healthy epidermis will serve better to start up skin growth on burns than anything else.

way bringing about an autoinfection; a condition which tends to make the patient more susceptible to the action of the pathogenic microbe. Overfeeding, badly-prepared food, unsuitable food, etc., all act as irritants bringing on a low grade of catarrh, injuring the cells of the mucous membrane of the tract, opening the way into the system for the invasion of toxins, the products of some pathogenic micro-organism which is created in the alimentary canal, or in the food prior to its being taken into the alimentary canal. For while there is no proof connecting any single form of bacterium and any variety of diarrhea, yet there is no longer any doubt that all serious summer complaints are caused by infection. In fact diarrhea is but an effect, and effect is the manifestation of a cause, and bacteria are always the cause of all serious diarrheas. It is true that we may have some irritant producing a diarrhea, but never serious without infection. And while this is true, at the same time the bacteria are powerless in most cases if the constitutional resistance of the individual is kept at par.

Therefore we should not neglect to give proper instruction to our patrons for keeping the health up to the standard, or in other words teach them that the proper time to treat these troubles is to treat the individual in a way to prevent disease. I know that it is generally regarded as the great aim in the life of the physician to preserve human life, but I believe the most important question in these cases is that of prevention. It towers above and overshadows all others.

I am sure that when we reach the great dividing line that separates the present from the mystic future, there are few if any of us but will love to look back and

feel that the world has been better for our having lived in it, and there surely can be no nearer approach to the Divine than to preserve health or to teach our fellow-beings the way to keep well. In fact it is as much the duty of the family physician to teach his patrons how to prevent or check microbic invasions as it is to treat their consequences after invasion.

Mothers and nurses should be taught that healthy babies are never cross; that they never take long crying spells without a cause; that it takes more than two or three years' association with their elders to develop in them enough "cussedness" to make them cry any length of time for meanness; that the little fellows never get hungry inside of two or three hours after being well fed, and if they cry much inside of that time it is not because they are hungry but because of some other discomfort, so that it will not be best to give the breast or bottle again before the regular time for its feeding should arrive.

They should know that a child should never have milk that is not absolutely sweet, that it is better for baby to cry for food than to take into its stomach the material for the establishment of a toxin factory, and milk in which the least bit of fermentation has set up furnishes everything necessary to the hand of the bacteria for the establishment of such a factory.

Another matter that is often overlooked and perhaps not generally known by many of the laity, is the fact that the milk of the mother who has worked till her blood is in a super-heated condition is dangerous for the child, owing to the fact that the unusual amount of exercise that the mother has undergone to bring



If after scraping epithelial scales on to burned areas to start skin dressings stick, leave undisturbed.

To start skin growth on spots denuded by burns scrape skin of your forearm over area and cover with moist gauze.

about the extreme heat has also brought about an increased amount of waste material, loading the excretions with these poisonous products, the milk carrying its share and acting as a poison to the child. But as the age when we may expect a perfect adherence to the laws of hygiene is some distance in the future, and unfortunately through ignorance and neglect of these laws, a lowering of the normal resistance will continue to take place, and the alimentary tract made a receptive soil for the lodgment of these pathogenic germs, we will for the present have to content ourselves with doing all we can to bring about an ideal state of hygiene, and in the meantime make our best efforts to restore to health our patients who may be so unfortunate as to fall victims to these maladies.

In considering the treatment of the different forms of summer complaint, which range from common looseness of the bowels to violent attacks of cholera infantum, we should never lose sight of the fact that almost every case commences with a mild attack of diarrhea, and by giving proper attention at the right time most if not all cases can be cut short or at least made to run a milder course. It is true that a great many cases of diarrhea amount to but little, but as there are no signs that surely point to the prognosis of a case at the outset, and those commencing the mildest often run the most virulent course, we should look lightly upon none of them. For as before stated, diarrhea is always an effect, a manifestation of a cause. We should always seek the cause where it is at all possible to find it, for we can only treat disease intelligently when we know the cause.

And here let me say that a belief that

is far too prevalent and because of its prevalence does much harm, and by the way one that is often encouraged by the medical fraternity, is that teething is a frequent or rather an almost constant cause of diarrhea, and as long as the child is teething there is no use of treatment as the child cannot get well until its teeth are through. And parents laboring under this false teaching allow their children to go into a bad and many times a dangerous condition, with little or no effort to check the trouble.

I believe it to be a duty our profession owes to the public, to, with all the energy we possess, contradict this wide-spread and erroneous belief, that diarrhea is normal or even beneficial, when accompanying teething, except in so far as to remove any offending material that may be in the bowels when the process commences. However this should always be looked after in all other cases as well.

Then briefly stated, the line of treatment to follow is, to clear out the alimentary canal of all irritants and poisonous substances, eliminate the toxins that have already been absorbed into the system, repair the damage already done, and hold up the strength of the patient while this is being done.

A large per cent of these cases require nothing more than a few small doses of salts or oil to clear out offending material, and a little neutralizing cordial with pancreatin, as an antacid and to aid digestion. But should the discharges continue after a certain time they should be regarded as a symptom of systemic poison or autoinfection, by a toxin the product of some of the pathogenic microbes, which have been able to establish their factory in some part of the alimentary tract, and our treatment then



Dysmenorrhea: Hysteric, neuralgic, worn-out and broken-down women must in intervals take strychnine and other tonics.

Dysmenorrhea: Congestives with no fever, but headache, near climacteric, should have tartar emetic or veratrine, full and plenty.

should be antiseptic as well as a general one. But while we are using our antiseptic remedies we are to keep constantly before our minds the fact that these discharges are of but little consequence of themselves, and are not to be considered seriously apart from the symptoms of systemic intoxication, such as fever, quickened cardiac action, nervous prostration, etc.

For diarrhea is never a disease of itself, but is always a symptom; a symptom indicative of increased motor activity and increased and perhaps perverted secretory activity in the intestinal canal, which in most cases is to be regarded as an effort of nature to get rid of irritating and offending material; an effort which, if effect, is to be regarded as best for the patient and encouraged rather than checked. But the fact that it is best for the patient to get rid of offending material should not cause us to neglect our duty to them, and tell our patients, as I heard one doctor tell a mother once, that these diarrheas are just safety valves.

We should regard them as an indicator of nature, and at once proceed to encourage the effort by giving some simple laxative remedies, that will perfect the work of cleaning out the bowels with as little waste of the patient's strength as possible, and as quickly as possible, for the increased peristaltic action of the tract may unduly hurry the food out of the stomach before digestion and assimilation can be performed, and in this way the strength of the patient is sapped away and the undigested food being forced into the bowel becomes an irritant and sets up a catarrhal condition, making an ideal lodgment for the pathogenic germs, which as before stated must in

all cases be present before there is ever a dangerous bowel trouble.

Of course in speaking of the disease germs, I do not mean to be understood that the germs produce the disease, as it is the ptomains or alkaloidal products of the pathogenic germs that find working quarters in the food, either before or after it is taken into the stomach; and I say "before" advisedly, as I believe that all cases coming on suddenly and almost without premonition, such as cholera infantum, cholera morbus, etc., are caused by the toxins being formed in the food before it is taken into the stomach.

In recommending the antiseptic treatment I am aware of the fact that I am running counter to the teachings of some of the so-called leaders of the profession; that is, that it is an impossible thing to disinfect 30 feet of gut (as I heard one prominent physician say at the state medical society a short time ago) by way of the mouth. We are all aware of the fact, that when antiseptic surgery was first advocated there was a great deal of the same class of opposition to the idea, that it was impossible to produce a perfect state of asepsis as the air contained germs, hence the impossibility to have a perfectly clean operation; and if it was not a perfectly clean one it was of no advantage. But no surgeon of to-day would for a moment think or even dare to operate or even dress a small wound without as nearly a perfect asepsis as it is possible to obtain. This change was brought about by the positive proofs that nothing but undeniable results could produce. And the proper application of antiseptics in the treatment of disorders of the alimentary canal will bring about as positive and as satisfactory results as were ever produced by



Dysmenorrhea: In mild cases gossypin or caffeine valerianate may suffice to give relief; small doses very often.

Dysmenorrhea: Atonic forms are benefited by capsicin or the oleoresin of black pepper with hot mustard footbaths.

antiseptics in the domains of surgery. Just what individual form of antiseptics to use will depend largely on the tastes of the physician himself, but I regard the sulphocarbolates that are so strongly recommended by those up-to-date leaders, Drs. Abbott and Waugh of Chicago, as the prince of all intestinal antiseptics. However, salol, calomel, Listerine, and echinacea all have their advocates, and have each served me well in cases where from some cause I found the sulphocarbolates to be not well tolerated.

Atropine is an ideal remedy in these cases, as it meets so many of the indications. It is a heart-stimulant, it overcomes contractions both of voluntary and involuntary muscles, it arrests secretions and overcomes irritation in the mucous membranes, relieves congestion and allays pain, every condition of which we have in these cases.

Strychnine is another remedy of much importance where a stimulant and brace is needed. Occasionally we have a case that seems to demand some form of opium, but in using any form of the opiates we should always select that form which experience has taught us will be least objectionable to the stomach. In my own hands I have found heroin and codeine to fill this indication


best of any forms. But in using opium in any form we should remember that it is a two-edged instrument, and capable of cutting the other way in these cases and doing much more harm than good. Hence we should be very guarded in prescribing these remedies to our little patients.

Water is by no means to be neglected in these troubles as it is one of the most important remedies we have, and meets a number of indications that nothing else can meet. It cools and soothes the irritated mucous membrane of the stomach, even when it is rejected a short time after being swallowed. It restores the fluid part of the blood that is so rapidly drained away by the exhaustive discharges from both the bowel and stomach. But I believe one of the most important functions of water in the treatment of these cases, as well as in any other disease of toxic origin, is its power to dilute the toxin that is being carried through the blood, and in this way not only hasten its elimination from the system, but lessen its force of action on the nerve-centers and give the blood an opportunity to prepare an antitoxin serum.

Lamar, Mo.

INFANT FEEDING.

By F. G. Haught, M.D.

N bringing this subject before the profession, it is not so much with the idea of presenting anything new, as that I may help to keep before our minds, along with the oft-repeated "clear out and clean up," the fundamental principle to

commence by being clean and keeping that way.

Having tried many of the working formulas as presented in our journals and textbooks, I found them wanting, and in general falling far short of the requirements as substitutes for mothers'

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Dysentery: Slimy bloody stools, morning or irritative forms, tending to become chronic, mercury bichloride gr. 1-134 every two hours.

Dysentery: A dose of calomel or blue mass to begin treatment followed by castor oil, rhubarb or salines.

milk. Most all articles in our journals on this subject are written from the standpoint of the city practitioner; and sure he has a difficult problem before him, in that his source of milk supply is far from satisfactory, indeed so much so that he is forced to the next best thing, that is, the prepared baby foods.

In my own practice I have demonstrated to myself, beyond question, that the prepared baby foods should have no place in the feeding of infants in our small towns, villages and country.

True, the country practitioner's path in infant feeding is not strewn with roses, but it can be made to bloom sufficiently to be a source of joy and pleasure to all concerned, especially when you remember the hungry, pinched, emaciated form of yesterday, and then look on the crowing, contented, rosy-cheeked babe of to-day.

The nearest substitute for mothers' milk we have is that of the cow, and thanks to the many analyses made, we have a basis from which they can be very closely approximated.

By reference to the CLINIC for June, 1897, you will find some magnificent working formulas. Yet in my experience they often have to be somewhat modified to meet the demands of the individual infant.

When we have presented to the mother the formula by which the milk is to be prepared, and know that she understands it thoroughly, only a small beginning is made. Most all our patrons in a country practice have their own milk, and what few do not, have always enough good neighbors to insure enough milk for baby. It may be necessary to see the parties from which the milk is

obtained and know they understand what your wish is in the matter.

It is admitted that pasteurization, sterilization, etc., changes the character of the milk. A. Jacobi, in the *Philadelphia Medical Journal*, says: "Many begin to find out that cows' milk may be done to death by inconsiderate cooking, and that it is not rendered more sacred or more wholesome by calling it sterilization."

Starr says: "Pasteurization and predigestion at a temperature of 115° F., are valuable in certain cases, but should never be employed when cream and milk are properly handled at the dairy and can be kept sweet and clean, and when infants' digestion is even moderately active." In fact it is admitted that any degree of heat above that of the normal temperature of cows' milk changes or modifies its constituents to an equal degree, and renders it that much less digestible by the infantile stomach.

Vaughan has taught us that "some of the toxins generated before milk undergoes lactic acid fermentation are deadly even in small quantities, and are not rendered innocuous even by exposure to intense degrees of heat." If these men be right in their teaching, evidently we must change our plan of caring for baby's food.

My plan of procedure is as follows: See that the vessel in which baby's milk is caught is properly cleansed and prepared, and that the milk as it comes from the cow is brought from a clean udder and by clean hands. Have it properly prepared for use by the addition of lime water to change the acidity of the cows' to the alkaline reaction of the mothers' milk, add sufficient sugar of milk or best grade sugar to properly

Dysentery: Strychnine for epidemic, vital depression, prune-juice stools, acute stage gone but no strength for recovery.

Dysentery: For malarial and irritative forms give quinine arsenate gr. 1-67 every hour or two, as adjuvant.

sweeten, reduce the casein to the proper quantity by the addition of sterile or pure water, and raise the fats by the addition of cream. You must see that this is done in the cleanliest manner possible, having all utensils thoroughly clean and aseptic.

Be sure that you are understood as to what you mean by clean and aseptic, even if you have to once or more oversee the whole process. That is your duty. Do it, and charge accordingly. Here let me add a word of warning, caution, advice: "Do not even with your most intelligent patrons, trust to their understanding your directions, but see that they do." You will gain laurels by so doing.

I require my patrons to supply themselves with at least eight 6-ounce bottles, the neck of good size to admit of thorough cleaning (when possible I procure the large mouth, amber colored tablet bottle, as used by S. & D. or P. D. & Co.). Have the milk prepared as above and placed in the bottle, filled to the neck and corked tightly; this done, if possible, before the milk has lost much of its natural warmth. Set the bottles in a cool place (not on ice) where there is no bad odor, and never allow a bottle to be opened till ready to give baby its meal. As to the use of nipple or tube, we know that theoretically, at least, the nipple is best, but it is not always possible to have it used, so I have either as I can get. In fact I have been unable to discover where one is better than the other, if they are properly taken care of.

As soon as a bottle is used, it is immediately well rinsed and placed in a pan of pure water containing a teaspoonful of soda and a pinch of salt to the half gallon of boiled water. The tube is also thoroughly cleansed at the same

time, and placed in the same solution. These are left till next dishwashing, when the bottle is thoroughly washed, scalded, and placed where it will dry, and when possible in the sun. The tube is handled the same, except the last water is not used quite so hot, but it is thoroughly cleansed, dried and sunned. Before the bottle is again filled it is scalded, drained and cooled, for the reception of milk.

Possibly you may say, or be met with the objection, that this is too much trouble. I have, but always succeeded in overcoming all objections, and afterward been most heartily thanked because of my position.

It is unquestionably a fact that the cause of most infantile diarrheas is some form of irritation or poisoning; and it should also be known as a fact that during the first year of a child's life such irritation or poisoning can only be admitted through either of two ways, the milk or the water. With a little judicious care, that from the water can be eliminated; not so easy however from the milk, as you cannot always see that the cow does not eat poisonous or irritant weeds that might taint or render the milk unsuitable for the infant. Yet that can so nearly be overcome that the danger is nearly naught.

I here wish to enter my protest against stallfed cows during the summer months as a source of milk for baby's food.

The treatment of infantile diarrheas is a very serious question for us, and as it is a subject by itself, I hope the pen of some brother M. D. will slip into his fingers, and call from him an article on this subject that will be pleasant and good for us all to read.

Mona, W. Va.

Dysentery: In the chronic form picROTOXIN has been praised. Try, then, pilocarpine, muscarine and physostigmine.

Dysentery: When the vital depression is so marked that curative processes are not set up give arnicin gr. 1-6 every half-hour.

SOUTHERN FEVERS.

By Horace Reed, M. D.



UCH has been written and said about Southern fevers by authorities from both North and South, and in some instances discussion has waxed warm. Whether or not a third fever exists which differs clinically from typhoid or malaria is the bone of contention.

Some men in the South staunchly defend the classification of fevers as given in the ordinary text book, while the great majority of physicians recognize, at least, a fever which while, having some symptoms common to both fevers, has not all the classical symptoms of either. Why this difference of opinion? Is it possible that there exists a third distinct fever in the South which has not yet become distributed? Or shall we presume that it is generally distributed and that the physician in a great many instances is satisfied with the old-time classification, or, on the other hand, while recognizing a difference is not courageous enough to launch out and think independently? We fear that the latter is too often the case.

Personally, I believe that there is a fever which has some symptoms common to both. It resembles typhoid in its gradual onset, the gradual rise of temperature, the more or less bowel complication, (in fact the seat of trouble seems to be in the intestines) in the evening elevation of temperature, which is, usually in the beginning from one to two degrees higher than in the morning. It resembles malaria to the extent that quinine influences the temperature but the contrast is only in part; and, accompanying this partial fall of temperature, is the copious sweating.

We usually find the temperature of these patients about 103 degrees on first visit; upon malarial treatment this will fall to 99-100 and remain there about 10-15 days. On the other hand the physical symptoms will not improve unless the bowel is thoroughly clean and kept so, in short the treatment embraces the principles to be carried out in treating both malaria and typhoid, namely: Quinine and eliminants; antiseptics and diet, quinine for the first three or four days, some form of cathartic that will eliminate and this I want to lay stress upon, for when elimination is not attended to as it should be, the depression is very great even for several days after the fever has gone.

Of not much less importance are antiseptics and diet. The sulphocarbolates or turpentine will prevent gas formation and the distress which this brings to the patient when not corrected, is often very annoying.

Diet should be liquid but nourishing. Milk is the ideal food, but now and then we find a patient who will not take it. Then we must resort to some of the numerous broths and soups.

The larger part of this article is devoted to the "Third Fever," because of the difference of opinion above referred to. I do not pretend to dictate. These are conclusions which have been reached after observation and my greatest hope will be fulfilled if this will in any way stimulate some of the CLINIC readers to more careful observation. The fever which has been under consideration, is not yet a dangerous one. I have heard of no fatality from it. But we all know that the virulence may increase as has

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥
Dysentery: To keep the upper bowel clear and incite healthy secretions, give juglandin gr. 1-6 every two hours.

Dysentery: When loose stools continue after acute symptoms subside, give silver oxide gr. 1-12 or zinc oxide gr. j every two hours.

been the case in the history of other diseases.

We will not attempt to discuss the other fevers, only briefly outline the treatment that we give in ordinary cases, and with good success, too. Malaria: first day, calomel, thus:

I. Calolactose (S. and H.) Tabs. No. XX.

Sig. One chewed and swallowed every one-half hour until all are taken. To be begun after calomel has acted:

R Pulv. hydrastisgr. xx

Quinine bisulphategr. lxxx

Mix. Div. in caps.....No. xx

Direct. One at 6, 8, 10, 12 and 2 o'clock daily.

Another round of the above capsule is required in some cases on the 7th, 14th and 21st days following the last paroxysm.

In typhoid fever I have used successfully two kinds of antiseptics, namely, the sulphocarbolates and iodoform. The latter is made into a pill containing iodo-

form gr. ii, strychn. ars. gr. 1-30 and administered one every three or four hours followed by a glass of milk. In tympa-

R (W-A) Antiseptic Tabs. No. lxiv

Spts. turpentinedr. iij

Water (or mucilage acacia)

q. s.fl. oz. iv

Direct. Teaspoonful every three hours, followed by a glass of milk.

Where malarial complication is suspected in a typhoid patient, I administer quinine for a few days only and then cautiously. Last summer during a run of typhoid fever I had two patients who had hemorrhages and I believe they were caused by quinine. At least, quinine was being administered in both cases at the time hemorrhage came on and after its discontinuance no trouble was experienced. For the control of fever, sponging with water either cold or warm, is usually sufficient. Never use the coal-tar products.

Guthrie, Okla.

MALARIA FROM THE STANDPOINT OF THE SOUTHERN PRACTICIAN.

By W. P. Barron, M.D.



READ the articles of E. T. Lewis and H. C. Buck, published some time ago in the CLINIC, with a great deal of pleasure.

I have had the desire for many months to write some practical articles on malaria, to provoke discussion and bring out the practical side.

For eight years I have lived in the Malarial Belt of Texas, have had a great deal of practical experience with this disease, and in writing these articles it is my intention not to refer to any text-

book, using only my notebook and conclusions.

Consequently my articles will be crude, but they will be of malaria, as I see it, know it, and treat it, 365 days in the year. I propose to discuss malarial fevers, malarial hematuria, and chronic malarial conditions.

A few words as to the mosquito theory. Anyone familiar with practical in contradistinction to microscopical malaria, which is a poor kind from a clinical standpoint, must have grave doubts of this theory.

Dysentery: If an opiate is absolutely necessary to check excited peristalsis—its only indication—give codeine gr. 1-6.

Dysentery: Morphine is dangerous in acutes as narcotism is easy and perilous; in incurable chronics it palliates.

The fact of three or four men living, free from malarial infection, in a mosquito-proof house for a period of months, does not prove anything. Neither do the various forms of fever following the bite of infected insects.

Men move to this country from other states, and other parts of this state, who never see a mosquito-bar or a screened house, sleep in open sawmill huts with malarial patients all around them. These people remain free from infection for years sometimes. Some never have it. I have noticed that blonde people, especially women, seem singularly free from it. I have also noticed that those using tobacco seem less liable to contract malaria.

In the second place I have cured patients suffering from chronic malaria by boiling and filtering their drinking water, without moving them a mile from the infected district. Many of these people never saw a mosquito-bar, or would not know how to use one if they had it.

On the other hand I have seen cases that the boiled water would have no effect on at all.

I have in mind two mills I practised for some years ago. The first is two miles from the river. The mosquitoes are so bad it is impossible to sleep at night without a bar.

The other mill is one mile from this one, and three miles from the river. The management fought mosquitoes until they have none, practically, and yet it is the worst malarial proposition I ever saw.

I submit these facts on the mosquito theory for what they are. As I was not "made in Germany," I do not hope for much. We have not had a mosquito for months, and only yesterday I had quite a severe case of malarial infection.



Dysentery: The sedative astringency of lead acetate was formerly utilized universally, but it is not heard of now.

It is, too, quite frequent in the winter months. Not exacerbations of old chronic cases, but fresh infections.

INTERMITTENT, REMITTENT AND CONTINUED FEVERS.

Time and space are too valuable for me to go into descriptive details. Any text-book does this. It is quite sufficient that I give rough clinical sketches.

It is my custom when called to a case of intermittent fever to give a dose of quinine and acetanilid combined. The acetanilid relieves the fever and discomfort, the quinine goes for the germ. I then give calomel in small and frequently repeated doses, followed by Saline Laxative.

I believe the chief infection in malarial fever to come from the intestinal canal. Frequently I have aborted intermittent fever by unloading the *prima via*.

Usually these patients know, by the general feeling of malaise, aching bones, etc.; twelve hours more or less, when to expect an attack.

Clean out the intestines thoroughly, give a small dose of quinine, and the chill will not appear.

The same broad rule applies to remittent fever. "Clean out," use quinine. In this case, however, it is best to give quinine to saturation.

In continued malarial fever one finds much of interest. H. C. Buck mentions Osler's maxim in malaria. I do not believe Osler had experience with the malaria we know. If he had, he would not have said that. We meet malaria every day that will not yield to quinine, but will disappear under arsenic, or tonic treatment.

I follow this rule: When I see one of these cases I try to make it out anything else but malaria. When I decide

Dysentery: One of the best astringents in the chronic forms is the sulphate of copper, gr. 1-12 every one to four hours.

it is such, I give quinine gr. 5, every three hours for twenty-four hours. Then I stop it. It is useless to push it farther. You only nauseate your patient, and otherwise render him miserable for nothing.

In connection I use the Defervescent Comp., or Dosimetric Trinity, for comfort. I also give Saline Laxative, and Intestinal Antiseptic to effect.

Failing to stop the fever by these means in a day or so, I then put my patient on Donovan's solution; 6 to 10 m., every three hours; push it to full effect as soon as possible.

In connection I give Fellows' Hypophosphites for tonic effect, half to one dram in one-half glass of cold water, for diuretic effect, every three hours.

This treatment is continued for twenty-four to forty-eight hours. Usually it is all I do. It stops the fever.

Left to nature, after the failure of the quinine test *a la* Osler, these fevers tend to continue until time or death comes to the relief of the patient. For several years now, I have not had, under this treatment, any cases of continued fevers. I claim nothing for the plan. It may be that no continued cases have chanced my way.

I forgot to add that when I find these cases with an unusually large spleen, (there is always more or less enlargement), I substitute Gadberry's Mixture for the Fellows' Hypophosphites. And it isn't every druggist that can make good Gadberry's Mixture. It is the very best thing I have ever tried for the malarial spleen. The reduction is due to the removal of the cause, not to any effect on the spleen tissue.

Many complications, some of them utterly unmanageable, arise in these

fevers. The first and most dangerous is vomiting. I remember with a smile the lordly wave of the hand with which a Post-Graduate Lecturer in New York dismissed malarial vomiting in children: "Give them a little peppermint water; it is all they will require." I thought to myself, then: "You fool!"—I have never had occasion to alter my opinion.

For this condition I do three things; once sure I have it: (1.) Stop the quinine by the mouth, but continue it hypodermically. (2.) Give morphine and strychnine in combination hypodermically until I get my patient asleep, then I keep him there, or nearly so, for twenty-four hours.

Sometimes I wash out the stomach with weak cocaine water or solution of potassium permanganate. In the main I adhere to the above.

Side by side with quinine I place morphine in my treatment of all dangerous forms of malaria, no matter what their nature.

It has a peculiar soothing, stimulating and even curative effect; admitting of no rational explanation, yet very evident to the observing eye.

After a few days some of these fevers suddenly take a very dangerous turn. Especially is this true in children.

This condition is doubly deadly because it comes "as a thief in the night." I refer to the Southern term (also scapegoat) of "congestion."

The exact pathology of this condition I do not know; neither do I remember ever seeing anything regarding it in the literature. I have heard it spoken of and discussed since I was a little child. What this condition really is, I do not know. That it exists, the large and growing graveyards of the South will testify.



Dysentery: In case of great relaxation it may be necessary to utilize the restraining influence of ergotin gr. 1-2 every hour.

Dysentery: In chronic cases, the bitters like quassin, calumbin, and aristolochin are quite effective and useful.

Here is my idea: The intense infection and high temperature malarial fever is noted for its high temperature, irritate the sympathetic, either locally or generally. This causes a contraction of the capillaries and superficial arterioles, driving the blood to the larger organs of the body and the brain.

Be that as it may, this condition certainly causes a deadly calm to creep over the body, destroying reflex after reflex. The before excited and restless patient, burning with fever, becomes almost suddenly quiet and drops off to sleep. From this sleep there will be no awaking unless one acts quickly.

To the inexperienced medical man this condition is deceptive. He will think his patient markedly improved. The intense restlessness has given place to a deep sleep, the surface of the body cooled down, the fever flush gone.

All this is deceptive. The thermometer placed in the rectum will show a rise of one or even two degrees, over and above the original fever temperature. In one hour it is hard to arouse your patient; in two you can get nothing intelligible out of him. In twelve he will die, if something is not done to relieve him. Sometimes here, the temperature drops below normal.

It is in these cases I find my greatest

use for the "Anti-Epileptic" granules. They are of marked benefit in restoring the equilibrium of the circulation. I give them hypodermically to full effect; also large doses of quinine in the same way.

Sometimes, not always—it is a matter for individual selection—I alternate hot mustard baths with cold packs.

Always, I use strychnine, in small, frequently-repeated doses, hypodermatically. If you are not too late you will notice a gradual return of consciousness, evidenced by more and more resistant efforts to the baths, or hypodermics. Sometimes after recovery the skin, eyes and general disposition, one or all, remain supersensitive for hours. This will be evidenced in children by faint, almost undetectable convulsions.

The reader will notice I have not gone in for the *minutiae* of symptoms. I do not, because they are so variable. These depend on what reflexes are the first to give way. This can be supplied from one's own knowledge of the various sympathetic points.

Should treatment be instituted too late the coma deepens, the whole body becomes more or less cyanotic, and your patient dies peacefully, never regaining consciousness.

My next article will deal with Malarial Hematuria.

Clevenger, Texas.

INTESTINAL ANTISEPSIS.

A paper read before the North Missouri Medical Association which met at Columbia, Mo., June, 1903.

By S. P. Stowers, M. D.

BRETHREN: It is with some reluctance that I accepted an invitation from your Corresponding Secretary, Dr. W. O. Hawkins, of my old home town, Roanoke, Mo., to read a paper before this honora-

ble body, from any member of which I feel I could learn much.

The subject upon which I am expected to read is one of vital importance to the successful and busy doctor.

The practice of our beloved profession

Dysentery: Useful tonics in convalescence: Iron arsenate, berberine, apocynin, populin, viburnin, cerasein.

Dysentery: The tendency to sloughing is combated by baptisin, gr. 1-2 every hour, according to the Eclectics.

is constantly changing. It was at the feet of some of the devoted members of this organization assembled here to-day that I learned my A B C's in the practice of medicine and surgery. They taught me the necessity of always being cool, calculative, careful, and to industriously and thoughtfully investigate closely before making my diagnosis; and especial stress was laid upon the subject of looking well to the bowels, kidneys and liver elimination.

This was again emphasized while taking my senior years in St. Louis, with the injunction or admonition: "Clean out the Augean Stable." For brethren, at college we only get the skeleton, the framework, the landmarks, in the few years of hard and persistent study, the foundation on which we are to build an edifice.

We are disposed to get into ruts and remain there, which is wrong, and has strongly the earmarks of an unsuccessful doctor. Not that I desire one to have no deep-rooted convictions, or ballast in his ship, to be tossed here and there; or "sand in his craw," but he should be ready at all times to consider carefully and intelligently any proposition that will redound to the betterment of our profession, by a closer, clearer diagnosis and thoughtful application of the known and to-be-discovered therapeutics.

I have noticed that every patient is a being unto himself, possessing at times peculiarities and idiosyncrasies, hence the great necessity of a close study of each particular symptom, instead of giving to all quinine, calomel and fever drops promiscuously.

We have all noticed more or less in our daily practice how by assisting nature to unload the bowels, a crisis was

removed and greatly aided by keeping all the emunctories open; all performing their useful duties, our patients return more quickly to their former condition of health, aided by a purge, a sweat, or a diuretic.

We should be investigators. How can I improve the practice? That my patient shall be benefited is the all-absorbing subject, the personal inquiry each physician should make, his highest ambition.

How can this be accomplished? By keeping up to date, reading the latest, best monthly journals, the latest treatises on the different subjects in which you are interested, attending the medical societies, and the post-graduate courses.

The bacilli, germs, bacteria, ptomaines, toxins, etc., were dubbed bugs by our old sages, revered and blessed physicians, who were in the saddle at an early day in the settlement of our grand old commonwealth; for they had been instructed well in the use of other means of warfare, and it was perfectly natural for them to demur, and right and strictly proper; as is expressed by the well-known verse: "Be not the first by whom the new is tried, nor yet the last to lay the old aside." These advanced ideas of germ life were presented to us in embryo, when I attended my first lectures. The Lister dressing has revolutionized the world in surgery, and lowered the mortality of all operations of surgery. Much good has been accomplished.

Dr. Bouchard, of France, the noted and scientific physician, has built a monument for himself by his practical experiments along the line of intestinal antiseptics, in his treatise on Intestinal Fermentative Putrefaction, which is truly worthy the space on any live physi-



Dysentery: The restoration of a normal state of the mucous membrane is favored by barosmin, gr. j every two hours.

Dysentery: In epidemic and septic forms the benzoates and benzoic acid are useful; small and frequent doses.

cian's shelves. Autoinfection, autoinoculation, or more specifically infection of self, poisoning generated within, or may be by poisons introduced from without, the body of man. The sources of toxic substances in man are the tissues, secreting organs, foods and putrefactions in the bowels. The chief elements contributing to the toxicity of the feces are potassium and ammonia, something which is soluble in alcohol which is neither potash nor ammonia, then bile and lastly the residues of putrefaction.

By his very scientific and careful researches Bouchard has opened up a line of investigation that has moved the profession of medicine, from which all the warriors cry "onward march," and by these very useful discoveries we have been lifted to a higher plane of usefulness to our fellowman, and our success has been lauded by our patrons; and our funeral processions—as the laity are wont to say, "the doctors' mistakes"—are less frequent.

He has forcefully impressed us with the sublime importance of keeping the emunctories open and very active in disease, and if we are negligent concerning this very important matter we are guilty many times of criminal carelessness and ignorance.

Where we used to give calomel, jalap and podophyllin indiscriminately, in mammoth doses on all occasions, we get more beautiful results by the exhibition of calomel in 1-10 gr. doses, followed by some saline or other aperient, or by injections. Or in other words, "clear out and clean up the bowels."

By restricting the diet with little potassium, i. e., as in milk, white of egg, cheese and boiled meat, but not soups, we aid in the most successful treatment

of uremia. By a very careful intelligent study of the food for invalids, and the peculiar results desired, we have done much in the cure of our patients, by avoiding those articles of food that by their changes wrought in the digestive tract become as if it were poisonous in their efforts upon the system.

When we have complications of the intestines, liver or kidneys, it is well to select food digested almost wholly in the stomach.

The All Wise Creator has provided man with the power of absorption from the stomach and all along the intestinal canal. This gives us very strong means of caring for our patients with irritable stomachs, not amenable to treatment by the mouth, by giving nutrient or medicinal enemas unless there is needed special treatment by lavage to the mucous membrane of the stomach, which will solve many knotty problems and aid you in more quickly curing your patient than imposing too much labor on this most important organ of our anatomy. Let the stomach rest.

My paper in THE ALKALOIDAL CLINIC of November last gives those unacquainted with the minute details of rectal medication and alimentation all the information necessary on this subject, which at times is a great boon in the successful treatment of puzzling and almost helpless cases, with a very unfavorable prognosis.

Friends of the older practice of medicine claim that all the antiseptics are absorbed in passing through the stomach, and do not reach the destination for which they were administered, the bowels; but this has been disproved by our American practitioners who have been assisting our scientists by their every-



Dysentery: When an acute attack occurs from cold, it may be broken up by powerful stimulants like oil of cajeput.

Dysentery: The recommendation of very small doses of colocynthin for colic, tormina and tenesmus sounds very homeopathic.

day practice, in trying those American laboratory products empirically administered.

Intestinal antiseptics as I view it is intestinal cleanliness. Dr. Bouchard in his *Intestinal Disinfection and Antisepsis* in the *Treatment of Typhoid Fever*, starts with one-third grain calomel every hour till twenty doses are taken, prepares 100 grams powdered charcoal, 1 gram iodoform, 5 grams of naphthalin, the whole to be mixed with 200 grams glycerin and 50 grams of peptone. Direct: Tablespoonful every two hours in one-third glass of water; Seidlitz one-third glassful every three days, and an occasional dose of castor oil; phenic acid 1 to 1,000 for rectal enema morning and night; salicylate of bismuth for the same purpose has been administered by him with very nice results, but on account of its deleterious effect on the kidneys many times is contraindicated.

Dr. Bouchard claims his intestinal antiseptics are insoluble to some degree, to which the American physician demurs, and offers as rebuttal that it would not be an antiseptic if it was not soluble, with the exception of charcoal which acts by absorption of the offending poisons in the bowels. Many additions have been added to the antiseptics of 1895, of Dr. Bouchard's group, and all have their warm admirers; chlorine, iodine, carbolic acid, sulphurous acid, the sulphites, hyposulphites, mercurials, essence of terebinth, creosote, thymic acid, benzoic acid, quinine, resorcin, kairin, antipyrin, acetozone, Listerine, salol, and lastly but to my mind the most important, the sulphocarbolates. They have been a "friend to me in time of need," and I have realized all that their friends have claimed for them, in the many trials I

have given them, in some serious cases in which I with consultation despaired of the prognosis. And to these sulphocarbolates I give much of the credit of insuring success in cases of appendicitis, typhoid fever, meningitis, desquamative enteritis, chronic diarrhea in an infant seven weeks old.

In the case of appendicitis, there were general soreness over abdomen, flatulency, followed by headache, general malaise, fever, which was increased by localization of pain to the right of and four inches below the umbilicus, feet drawn up to keep tension off of abdomen, and I suspected the celebrated disease appendicitis. Ordered an enema of hot water, half gallon, into which two table-spoons of salt had been dissolved, having first adjusted an abdominal supporter, patient in knee-chest position; followed this with a grain of calomel, 1-10 grain doses every half hour for 10 doses; Saline Laxative early next morning, followed by a salt enema in 3 hours, and again at night, using the Saline only once a day; colonic flushing twice a day. After the calomel I gave W-A Intestinal Antiseptics as necessary, kept fever subdued with Defervescents, and Acetanilid Compound, added strychnine gr. 1-134 and apocynin to increase liver and kidney elimination. I found grape-seed in some of the passages. The patient does not know when she partook of this fruit, but it had been almost a year. This circumstance confirmed more than ever my suspicion of an affection of the appendix.

On the tenth day I noticed a peculiarly shaped, tough membrane, shaped like or resembling a kid glove finger previously wet and squeezed together leaving folds, and in these were deposited mucus and pus. At the smaller end appeared a

Dysentery: In malarial cases the value of cornin may prove great. Give gr. 1-6 every hour, or alternate with quinine.

Duodenal Catarrh: With jaundice, give copper arsenite gr. 1-1000 to 1-100 every one to four hours, with no diet.

gelatinous material tapering to a point, where it was attached to the end of the appendix. I had seen one case before of appendicitis, which was eased of pain by keeping his feet in bed and his head on the floor, or standing on his head. I philosophized on this peculiar position and came to the conclusion that it took off the weight of the accumulations above the appendix, hence my ordering this patient in the knee-chest position for enemas, which I hold enabled us to wash out the appendix, and all slush with what had accumulated above the ileocecal valve.

I see no reason for operation if one should follow my example in this case, and control the symptoms as they arise. This patient was very near and dear to me, and I have been congratulated by the successful way I managed it, by brethren of the profession.

I painted over the region of the appendix with tincture iodine and turpentine alternating. But brethren, if salt, which I use in most enemas for flushing the bowels, is a good preservative for meats, why is it not good for the bowels, as we have much the same conditions? I have never had occasion yet to discard it. Try it, brethren. For the pain in these cases I used hyoscyamine, Papine and atropine, the two latter combined as necessary, with the Acetanilid Compound and these were sufficient.

Typhoid fever case, with all the symptoms of typhoid fever, circumscribed pain over Peyer's patches, and passages of considerable mucus and pus, followed by sloughs, as many as a teacupful, looked like chopped-up oysters mixed with pus. When the first of these passed it felt to the patient as if something tore loose, and he called my attention to the

vessel to see what had passed. As to the treatment, commenced with antipyretics, calomel, followed by Saline Laxative in morning, salt water flushing of bowels in three hours, then flushed bowels again at night; continued this as necessary through the period of sickness, using as much W-A Intestinal Antiseptic as was necessary to control fermentation, one or two tablets every two to six hours. He never had headache after I began the administration of Intestinal Antiseptics and colonic flushings; in fact the patient requested the continuing of the flushings, at the time I had decided they were not necessary, as they made him feel so much better. I gave digitalin and strychnine through the entire sickness, and until he was up and around. I took the case on the tenth of August, 1902, and he was up on the twentieth of the same month, going about everywhere on the twenty-fourth. Food, fruit juices, milk, buttermilk, soups. Tonic of nitromuriatic acid and Elixir of Lactopeptin at mealtime, which I have every three hours. For sleeplessness I find hyoscyne hydrobromate gr. 1-1000, or Daniel's Passiflora, preferable. Turpentine stupes alternated with tincture iodine for abdomen, and small doses of quinine, five grains each two hours apart, so that the last dose would fall immediately before the expected rise in temperature.

The claims of W-A Intestinal Antiseptics in my experience are not "hot air." The grandmother of the above patient having an old rooster with diarrhea, and knowing the bowel tablets were good, as a last resort gave in desperation one of these tablets, and to her surprise the patient recovered.

Meningitis: A boy, nine, healthy, active, vomiting after retiring at night, was



Duodenal Catarrh: In malarial and chronic forms give podophyllin gr. 1-6 to 1-12 at bedtime and saline in morning.

Duodenal Catarrh: Pot. bichromate for dyspepsia, bitter taste, pale stools, coated tongue, glairy mucus, pain in liver.

allowed to sleep all next day. On closer examination found fever, boy unconscious. Giving family remedies through the next night, he was still unconscious, and they sent 9 miles to the nearest doctor. He arriving about noon, ordered cold baths; fever 103° , still unconscious; gave bromides, Acetanilid Comp., iodide potassium; at times unconscious when fever was highest. Small quantities of food were taken, but proved very unsatisfactory. The vomiting occurred Tuesday night. The following Monday I was called. The doctor told me it was meningitis with no hopes. I listened to his report and treatment, asked questions concerning his different symptoms. I could get no other information than that the doctor had prognosed the case on his first visit, that the boy would not recover. I suggested a treatment, which I afterwards introduced, in case he did not appear to take hold.

I found the patient at 3 p. m. Monday, almost a week, fever 103 , an irritable cough, caused by turning over to ignorant nurses the bath, delirious, head and face red and hot, feet cold as ice. Ordered pediluvia of Cayenne pepper and hot water, cold to the head, hair clipped; digitalin, Defervescent granules, alternated with Acetanilid Compound; temperature taken every half hour; liquid food every two to three hours. I made a chart for medicine and food. All medicine was recorded when given, also fool and temperature.

I found that the beginning of sickness was a diarrhea; ordered gr. 1-5 of calomel every hour till a grain was taken; early next morning ordered Saline Laxative followed in three hours with an injection; poor results from

calomel; ordered it again next night, having continued former treatment as necessary through that day; Saline Laxative early next morning followed by an enema in three hours. I commenced the W-A Intestinal Antiseptics, following each morning with Saline Laxative and an enema.

The boy continued to improve, and Friday I turned him over to his family, instructing them to carry out my instructions to the letter. He made an uninterrupted recovery.

The moral of this case is, go to the bottom of the case for the causes, and don't give up the ship or lay down your arms until death closes the scene. Keep your face always toward the enemy. I neglected to say that by the use of Saline Laxative of mornings, followed by colonic flushing morning and night, I was rewarded by the passage of a cast of the bowel on Friday, the remains of an impaction. I proceeded upon the plan that the patient would not have had meningitis had it not been for some cause. The diarrhea at the beginning of the disease was sufficient for me as a starter. As to treatment, fever must always be controlled if you expect to nourish your patient; divert the blood, which on my arrival was almost entirely in the head, hence the pediluvia; the pulse was quick and throwing entirely too much blood to the brain, this was lessened by our Defervescents and Acetanilid Compound, assisted by the action of digitalin as it has a constricting action on the small blood-vessels. I neglected to say, as I desired the skin to act more freely while breaking the fever, I ordered a few doses of pilocarpine guarded by strychnine. The last medicine was continued through the con-



Duodenal Catarrh: Leptandrin, euonymin and irisin are useful hepatic stimulants, singly or combined.

Duodenal Catarrh: The tonic effects of berberine on the alimentary mucosa render it a valuable adjuvant.

valescence. You will notice the emunctories were opened and kept open.

Desquamative Enteritis: Woman, 30 years old, mother of four children, youngest three weeks old; confinement easy and no ill effects following parturition, excepting pains over the abdomen. As prior to her confinement she had been treated for ovaralgia by another doctor. I was at a loss to account for the distressing symptoms, unless it was from this former affection. But the pain brought fever, worse of evenings. In the treatment for periodicity I gave quinine to quininization. In this case I was impressed with the injunction that quinine should only be given in small doses. I only gave 10 grains in eight hours, 2 grains every 2 hours, but it had the effect of locking up the excretion of solids by the kidneys. The extremities felt numb to the patient, with a pricking sensation to the skin. Thinking she was dying she had all the neighbors violently rubbing her hands and feet.

She complained of much flatulency, so I ordered an enema of hot water with the salt, and looking for the "nigger in the woodpile," I found in the passage material resembling the peelings of new potatoes. On inquiry I found the patient had been troubled 5 days before with a diarrhea, which she had kept from me. By the use of W-A Intestinal Antiseptics,

with Saline Laxative, and colonic flushing, and an immediate stopping of the use of quinine, and with strychnine for the heart alternated with digitalin, she made a quick recovery.

A baby 7 weeks old was brought to me for treatment. Had had diarrhea nearly all its life; had been treated by another doctor but no improvement. I found greenish discharges mixed with undigested milk, and a bottlefed baby at that; fever 102°, gave Defervescent in water as necessary to control fever; sulphocarbolate of zinc, A. A. Co., granules, as necessary to control bowels; followed by teaspoonful of castor oil and 3 drops of turpentine. Ordered milk sterilized. Patient was quickly well. Six weeks later the same baby was again returned to me from his old doctor. The same treatment as previously was instituted, and there was no return for further treatment. He has been well ever since.

The lesson to be learned from this is simply this: Clean out the bowels and make them aseptic, scrutinize and regulate the diet; if the digestive organs are too weak for work add some digestant, watch closely for fever, as digestion is greatly hindered by a rise in temperature, and keep it as near normal as possible.

Appleton City, Mo.

DOWN IN TEXAS.

By G. W. Woods, M. D.



HAVE just read "Mississippi," by Dr. Murphy, June number, THE ALKALOIDAL CLINIC. Here is the Texas way: Remember, that farmers and tenants grow nothing here for market but cotton.

Corn and a few vegetables are grown for home consumption. About seventy-five per cent of all classes engaged in farming buy on credit. The rule is for the applicant for credit to give a mortgage on his horses and cattle (if he

Duodenal Catarrh: The great value of rhubarb as stimulant of healthy secretions is well replaced by juglandin.

Duodenal Catarrh: Populin has been recommended as a special tonic astringent for the duodenum; gr. 1-2 before meals.

has any), corn and cotton to be grown on his farm, or on the farm he is working. He states about the amount he wishes the merchant to furnish him during the year. This or some amount is placed in the mortgage as indebtedness, and the mortgage covers this amount and all future indebtedness. This mortgage literally ties up the person giving it for that year, and his stock for all time until the mortgage is satisfied. This is done to beat the exemption laws of the state. Said laws exempt from forced sale by execution, 160 acres of land including all buildings and improvements, one wagon, one buggy, two horses, two yoke of oxen, five cows and calves, all house and kitchen furniture, farming utensils, one year's supply of corn, fodder and oats, cotton seed, etc., and one year's supply of meat, lard, etc. So you see it is no use to sue anyone in this state.

Well, you may ask what becomes of the doctor? Why, brother, the doctor gets what he can scare out of that class. Generally nothing. Of course there are a few good men who do not mortgage and who pay their bills. This is why we use epsom salts instead of Saline Laxative, and cheap drugs instead of the higher-priced alkaloids. Then, again, there are towns every ten or fifteen miles, and stores at the cross-roads, mills and postoffices, and their shelves are packed with liver pills, restoratives, tonics, alteratives, chill tonics, cure-alls, etc., *ad infinitum*. So you see how it is, the dealers in these nostrums get the money or cotton, and the hard-worked doctors get the promises.

By the way that is not a very nominal price for board in the Florida farmer's proposition to consumptives. \$4.00 per week, and one-half his land produces

(if they work) appears to me to be pretty high. Plenty of men in Texas will "beat that." The CLINIC is all O. K. What would we do without it?

CASE.

Mr. A., farmer, 70 years of age, sent for me. I found him in bed. Temperature 102, backache, headache, soreness of muscles and as he expressed it, "I ache all over; every bone in me aches." He had been complaining for two months of aches and pains innumerable; and not able to work much, but kept at it; his tongue coated white, breath foul, face somewhat flushed. I gave calomel gr. 1-6, podophyllin 1-12 every two hours, following in eight hours with salts. For fever, aconitine and gelseminine in small doses every two hours. Strychnine and digitalin every six hours, quinine gr. v at 2, 4, 7, 10 o'clock every morning, and epsom salts every morning. Fever improved, but the third day muscular soreness, aches and pains, no better.

I then gave him 15 granules of colchicine gr. 1-134, and directed one every half-hour until nausea (which occurred after the sixth dose), then every two hours. When I called next day I found my patient sitting in a rocker talking with a neighbor and enjoying his pipe. When I gave him the granules he did not like the looks of them. Too small, he said, to do any good, but next day he told me he felt better by the time he took the third dose. "I tell you, Doctor, those little pills did the work." They are favorites with me. His temperature was normal and he had no more trouble. I kept up the colchicine every three hours and the strychnine tonic with quinine, and epsom every morning, for several days. So much for the "little pills."

Altonia, Texas.



The convulsions of teething are controlled by atropine, of which children require proportionally larger doses than adults.

Dentition: The pain and irritation of teething are nicely relieved by a few minute doses of atropine or hyosciamine.



Translated by E. M. Epstein, M. D.

ACUTE GASTROENTERITIS.

By Dr. H. Vigouroux.

On the 7th of February last one of my friends sent an urgent call for me about mid-day. I was able to be at his house without delay and the following is what he told me:

"I went out this morning as usual, although I had not felt well for some days past. I ate little, and really without appetite. I went to stool with difficulty, and felt some vague pains all over the abdomen. All at once, while I was out of doors, those pains became so intolerable that I was obliged to return immediately to the house and lie down. Ever since that moment the pains persist without one moment's cessation. They are all over the abdomen and also below the kidneys on the level of the sacrum, and there the pains are even more insupportable than those of the abdomen. I tried to go to stool, but was unable. I was even told that it was impossible for me to make the necessary effort of defecation. My stomach which felt very much fatigued feels now at this moment the greatest disgust at any nourishment, and I am tormented with almost continual eructations."

I examined the patient's abdomen, and perceived no engorgement whatever. The right iliac fossa was not painful

and McBurney's point was not sensitive. For the moment there could be no thought of appendicitis. The pain is most violent around the navel to a wide extent and reaches into the left iliac fossa and hypogastrium. All these parts as well as the pit of the stomach are sensitive to percussion. The liver passes somewhat the border of the false rib, but is not painful on pressure. The tongue is slightly coated. There is no fever, and the pulse is 68.

I prescribed immediately an enema of an infusion of marshmallow root, to which were to be added three tablespoonfuls of glycerin. This was to be repeated every two hours until a number of large evacuations were obtained. I ordered large poultices of linseed meal sprinkled with a soothing liniment, the last to serve also for rubbing the region of the kidneys, with a piece of flannel saturated with it, this to be done every two or three hours. As nourishment, milk diluted with a half of *Perle de Vals*, No. 3 (the water of a French mineral spring).

I saw my patient again at 7 p. m., and found him suffering atrociously. The enemas resulted in some effect, but it seemed that the rectum only was emp-

tied. My friend drank some milk, although it caused very painful belching, but he was very thirsty and drank with great avidity. As my friend was very apprehensive of having to pass a very painful night, for the pains did not stop for a single moment, he requested me to give him a hypodermic injection of morphine. I did not consider it my duty to refuse him. Desiring to get a sufficient evacuation from both below and above I prescribed for the next morning an emetocathartic as follows: Purgative lemonade, of magnesium citrate, with tartar emetic gr. 2-3, to be divided in three portions, and taken a portion every ten minutes.

I came to see my friend next morning about 9 o'clock, thinking that the emetocathartic would have operated by that time, for he was to take it at 7 a. m. But not only did he not vomit but he had no qualms even from it, and neither did he have any alvine evacuation. The night passed relatively comfortably, thanks to the calming effects of the morphine, and my poor friend was even able to sleep some six hours. He woke twice only, with a desire to vomit, and even vomited a little bile, for the handkerchief with which he wiped himself was very much stained with yellow. This bile showed that an emetic was well indicated, and yet three hours after its ingestion there was no nausea. I began to think that the pharmacist might have accidentally forgotten to put the tartar emetic in the purgative lemonade. But the effect showed itself half an hour later by the emission of nearly a liter (ounces 32+) of bile. The vomiting ceasing, I ordered an enema which had its effect almost instantly. There were also a sufficient number of stools during

the day so that the intestine was pretty nearly emptied. Before the first large stool the patient threw up something like an enormous glairy, reddish expectoration, which glairy matter showed itself continually mixed with the stools during the day. I must add that the ejected matter looked very yellow.

In the evening the colics were less severe, but the distress in the region of the kidneys was yet insupportable, and I was compelled to give another morphine hypodermic. As a drink he had milk with Vals water, and from time to time also pure boiled water.

When I found that the purgative effect was not quite sufficient, I prescribed for next morning a tablespoonful of granulated Seidlitz, Charles Chanteaud, in half a tumbler of water.

The eructations were very abundant during the day. We were also surprised with some hiccough after the ingestion of liquids which, however, lasted only for a few seconds, and the pit of the stomach was no longer painful on pressure.

On the 9th I learned that my patient slept well during the night, the morphine having calmed the pains in the region of the kidneys instantly. The purgative effect of the Seidlitz was abundant now. The evacuations looked less yellow, and there was less of the glairy matter in them. The abdomen was almost not distended at all. But there was yet anorexia.

On the 10th Mr. X— told me he had a good night, the lumbar pains had disappeared almost entirely, and that he felt himself much better but yet used up, bruised. The stools contained very little mucosity. I permitted chicken broth and had the milk with boiled water



Duodenal Catarrh: Ptelein has been recommended as a useful tonic, not apt to arouse irritability in the affected tissues.

Duodenal Catarrh: There is a whole group of vegetable remedies that ought to be tried out, and preconized.

continued to be taken as much as possible. For the next morning I ordered again a dessertspoonful of Seidlitz. The eructations were less abundant, less painful.

On the 11th the improvement was more pronounced. The abdomen was not sensitive to the touch, and so too was the stomach. The liver resumed its normal volume, and the urine gave no more trouble. As nourishment I allowed a raw egg gulped down, without bread, and twice light tapioca soup. A teaspoonful only of Seidlitz in the morning.

On the 12th my friend told me that he got up the day before and sat up in an arm-chair for an hour and a half, that he had slept well, and felt himself comparatively well. I recommended him to continue the egg and the milk.

Two days after that I found him pretty nearly cured. I prescribed him as refreshing a diet as was possible. I forbade undiluted wine, forbade alcohol under any form, spiced dishes, game, pork, etc. Lastly I told him to continue taking the teaspoonful of Seidlitz.

There is no doubt that I had here to do with a very pronounced gastrointestinal trouble; the anorexia, the furred tongue, the light distention of the abdomen, and above all the glairy stools, all these would indicate it. What was the cause of the disease?

Mr. X—, who has passed his fifty years, is of a nervobilious temperament. He is a dyspeptic of long standing, and he fed too well. As he is neither a diabetic nor an albuminuric, he always drank excellent wine, and as he had no real thirst he drank as the saying is, "dry," i. e., a good deal. He drank very little liquor, yet occasionally he took a

small glass of cognac, or of Chartreuse after his black coffee. He did not take aperients.

Under such conditions it is not difficult to see how this gastroenteritis came about. The patient's alimentation was altogether too rich, too heating, so that it determined an intestinal irritation, and that so much more serious as his stomach which poorly functionized did not digest well. The microorganisms especially the bacterium coli multiplied in the intestines. One part of these microorganisms is introduced with the food and the other part inhabits the intestinal cavity normally. When therefore the intestines receive the aliments by the way of fermentation, and that is what happens always in cases of dyspepsia, then the microorganisms acquire an abnormal virulence which allows enteritis to take place.

This is just what happened in the case before us, and I will expect that thanks to the prescribed regimen, and especially to the Seidlitz, the disease will not return again.—(*La Dosimetrie*, April, 1903.)

PAMBOTANO IN MALARIA.

By Dr. A. Salivas.

Although Dosimetric physicians are on plain principle cautious against the innumerable chemical laboratory products coming from all parts of the world, and especially against the ones coming from Germany, whose main value consists in their skillful advertisement, still dosimetric physicians are decided participants of judicious progress. Whenever they can prove the introduction of an agent in the art of healing to be vitally important

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Duodenal Catarrh: Whatever is done, keep the bowels free and clean, and closely limit the diet, avoiding ice, fat and sugar.

Duodenal Catarrh: A grain of emetin at bedtime with plenty of sulphocarbolate next day and abstinence, fills the bill.

they do not hesitate to try it and adopt it if it answers a true need, and if it can be honorably ranked in their arsenal of the arms of precision.

It is on this account that I believe I render a good service to my confreres, especially those of hot climates, in calling their attention here to a febrifuge, little perhaps known to them, and yet capable of being of great use to them in the yet frequent cases of palustral fever in which quinine is impotent of putting a stop to the evil. The febrifuge I speak of is Pambotano. A fine clinical success which this remedy gave me very recently seemed to me of sufficient interest to make the subject of a communication to the readers of *La Dosimetrie*.

The patient who was the object of my observations is a colonist man who is attainted with palustral fever, which comes with attacks of such severity that there were just fears that it might assume a pernicious character. It was here where quinine was totally or almost without effect that Pambotano did wonders.

Let us first see what this expression, continued palustral fever, means. For this we shall have to bear in mind the diverse forms which palustral fevers may assume, and the dosimetric treatment which each one of these forms demands.

Palustral fevers are such as come in paroxysms, followed by general complete remissions, and come back again at intervals of different lengths, but periodically. The cause of these renewals seems to be the introduction into the organism of the hematozoon of Laveran to which the vegetable decomposition of the soil gives birth under the influence of heat and moisture.

Dysentery: Veratrine for high fever, headache, big pulse, acute sthenic inflammation; smallest doses very often.

The treatment of palustral fever varies according to the kind of it we have to deal with, whether it be intermittent, continued or larval palustral fever, or palustral cachexia.

In intermittent palustral fever the attacks are separated by a period of complete apyrexia. Each one of the attacks consists of three clearly-defined stages, cold, heat, and perspiration. In combating this intermittent palustral fever quinine is given allopathically during the period of apyrexia, and as near as possible before the periodic attack. Dosimetrically we do the same, except that we always follow the rule of fractional doses, and that we reinforce the quinine action by that of strychnine sulphate, which addition permits of using less quinine.

In continued palustral fever, *i. e.*, when there is no period of complete apyrexia but only a remission of the fever, we add to the sulphate of quinine and strychnine as above, sodium arsenate or arsenous acid during the remission.

If the palustral fever is larval, and this is the case in intermittent febrile neuralgia, we then have recourse according to circumstances to either hydrobromate, or valerianate, or salicylate, of quinine.

As to palustral cachexia, this rational medication of it demands besides hydroferrocyanate of quinine, also sodium arsenate or arsenous acid, and iron phosphate.

I come now to my clinical observation:

M. Gustave J—, 33 years old, chief of the Indo-China Native Guards at Gamboge, was taken in 1893 at Laos with a severe continuous palustral fever

Dysentery: When veratrine is indicated by sthenic inflammation give gr. 1-500 to 1-134 every half-hour or hour.

of bilious form. The first month the paroxysms were quotidian, then the intervals became gradually greater until they became weekly, and so they remained about one whole year. For treatment M. J. took nothing but quinine, from 15 to 30 grains daily. This medicine became then nearly inactive, but in 1894 the fever yielded so rapidly under the influence of what M. J. believed to be an intoxication from a residuum of opium, that discouraged as he was he determined to try it at all hazards. After that the patient had not the least attack during the rest of his time in Indo-China.

In 1901, M. J. got a leave of absence and came back to France, and was about to fix himself in Paris in the *Quartier d'Autueil*. At the end of May last, 1902, after the great heat we had at that time, M. J. felt himself retaken again seriously with the continued palustral fever. He attributed the reappearance of the disease to the cleaning of a basin in the garden of the house he lived in, the slime of which was left imprudently to dry in the sun, and was now being removed. This explanation seemed very plausible, but at any rate the fever certainly broke out lively enough at the outset to reach soon its acme. At the end of June it became very high, and on the 28th, 29th and 30th the attacks were extremely violent. Quinine, strychnine and arsenic, with which the patient gorged himself for the last three weeks, have shown themselves impotent for some reason or other, still quinine continued to be taken in 15 and 30 grains a day.

It was then that I came on the idea

to have recourse to Pambotano, which some fifteen years since gave me in Cologne very satisfactory results after taking it eight or ten times.

Pambotano is a shrub belonging to the family of Leguminosae, growing in hot countries, and is classified under the name of *Calliandra Houstoni*. The febrifuge properties of this shrub reside in its root. These properties were demonstrated well in Mexico, Brazil, Guyana, Paraguay, Argentine, Japan and Italy, while in France, Drs. J. Valude, Le Boyde Mericourt and Dujardin-Beaumont repeatedly called the attention of the learned world to this new febrifuge.

All these coming to my memory, I prescribed for M. J. 150 to 200 grams (4 ounces and 5 1-2 drams to 6 ounces and 2 drams) of the elixir of Pambotano to be taken in twenty-four hours in four portions, in hot water and sugared. Well, from the first day the palustral fever was broken completely, and it has not returned since. One bottle of Pambotano was sufficient to accomplish this result, which, however, did not astonish me, since as said before, I had used repeatedly this valuable remedy successfully.

Whatever action Pambotano may have, and be it as antipaludal as it may, for all that I am convinced that in all cases which I have noticed its effect was not so immediate and decisive when the patients had not their general tonic raised before by dosimetric remedies. No doubt these remedies were not sufficient to triumph over the evil by themselves, but they have certainly prepared the way for Pambotano, somehow, to render its action infallible. However this may be, Pambotano has a real value,

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Dysentery: Fever with acute cutting pains calls for aconitine gr. 1-134 every quarter to two hours, as per effects.

Dysentery: Asclepidin is a weak remedy for febrile cases in weakly persons; well suited to these; gr. 1-6 hourly.



and I pledge my dosimetric confreres to remember it in case of need. They will not regret it.—*La Dosimetrie, Aout, 1902.*

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#### BEE STING AND RHEUMATISM.

In the same association as above, Dr. Terc of Marburg, spoke "Concerning the relation of the bee sting to rheumatism and its healing power." The speaker makes use of this remedy in the people's medicines for the last twenty-three years, and has made remarkable cures with it in not less than 500 cases. The sting of the bee in a healthy person produces first a little nodule, then comes a painful swelling, while in a rheumatic (articular) patient, this occurs only after many stings. A healthy person may become immune to the bee virus through repeated stings, but the immunity disappears soon, yet it can be reproduced again by the same process until the immunity becomes permanent. Such an individual is immune also against rheumatism. The speaker declared the virus of the bee to be specific against rheumatism, by which desperate cases can be cured. It acts also against muscular rheumatism and neuralgia, but is powerless against gonorrheal rheumatism. The speaker lets first a few bees sting the rheumatic patient in the vicinity of the inflamed joint on the dorsal side of the extremity, and then increases the number of stinging bees. In this way he applied 6,600 bee stings during the cure of a certain patient. After the sting the rheumatic pains vanish at once, and when they appear again the bee stings are applied again until the patient becomes

perfectly immune against both the bee sting and the rheumatism. The bee virus produces an anti-body (substance) in the organism, which is effective against rheumatism.—*Ibid, p. 1020.*

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#### INTRAUTERINE THERAPY.

In the section of obstetrics and gynecology of the *Versammlung Deutscher Naturforscher und Aerzte* held at Carlsbad in September, 1902, Dr. H. Fischer of that place spoke on the Intrauterine Therapy by means of spray free from air. The speaker spoke of various forms of Endometritis which can be treated with a syringe invented by him with which every portion of the endometrium could be sprayed without any contamination by the air. He used a ten per cent solution of zinc chloride, tincture of iodine and Carlsbad thermal water, and the treatment gave satisfactory results, especially in catarrhal endometritis. The speaker mentioned expressly water spraying of 40–60 degrees (104–140 F.) in uterine hemorrhages from various causes, where ergotin and tamponing were applied without benefit. The same treatment was successful in post-partum hemorrhages. The advantages of the syringe are: (1) that only a small quantity of the medicament need be used, say from one to three cubic centimeters (16 to 48 minims), and yet this quantity will be sufficient to reach every part of the endometrium without cauterization. (2) The nozzle of the syringe comes only into the cervical canal, and thus any infection of the Fallopian tubes or introduction of the medicament into them is avoided.—*Wiener Mediz. Wochens. No. 21, p. 1016, 1903.*

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Dysentery: Emetin for all acute, tropic, epidemic or malarial forms; gr. j every four to eight hours; kept down.

Dysentery: For children with nausea, fetid unhealthy stools, greenish, bloody mucous, emetin gr. 1-67 every hour or two.

# Miscellaneous Articles

## BERBERIS: VULGARIS AND AQUIFOLIUM.

If one may form an opinion from the questions asked by correspondents sometimes there is not a very clear idea of the action and uses of one of our most useful remedies—*berberis aquifolium*. *Berberis vulgaris*, the common barberry, is often, it would seem, confounded with the other drug. While both are alterative, the latter has a more decided action upon the liver and intestine, stimulating the secretions most effectively and in this way proving a most useful agent in the treatment of atonic dyspepsias, old torpid livers and malarial conditions. The barberry (*berberis vulgaris*) must, again, be distinguished from the *bayberry* which is emphatically astringent, antispasmodic and errhine in effect.

*Berberis aquifolium* is, unquestionably, one of the most useful and reliable of our alterative tonics. It not only stimulates digestion but promotes absorption, and if given for some time in old strumous, broken-down conditions of the system, seldom fails to give marked results. The fluid extract—the preparation which is usually preferred for exhibition—is prepared from the root of the mountain grape. The Eclectics are fond of administering it in conjunction with cascara. In all catarrhal conditions of the intestinal and gastric mucosa this

combination is most useful, and it is surprising how soon facial and other obstinate skin affections—which are due mainly to faulty assimilation and lack of “tone”—fade away and are supplanted by a natural color and softness of skin. The dose of the fluid extract is from 10 to 30 drops. The same dose of *berberis vulgaris* is usually given but larger doses of the latter are admissible. The combination of the two remedies is exceedingly effective when, with hepatic torpor and anorexia, we have a pimply face, a tendency to “boils” and pus formation on slight provocation, together with a “dirty tongue” and hard, marble-like stools. In this not uncommon condition, if one ounce each of the fluid extracts of *berberis aquifolium* and *berberis vulgaris*, together with two ounces of a good preparation of cascara, be dispensed with four ounces of syrup sarsaparillæ compound with instructions to take one dram q. i. d. the results will be all that could be wished.

If it is desired to make the treatment as nearly perfect as may be, add to this two of the “Triple Arsenates with Nuclein” tablets of the A. A. list, and every other night on going to bed order 3 one-sixths of podophyllin, to be followed on rising the next morning by a

dram of Saline Laxative taken in hot water. This treatment has been found to "put into good shape" those troublesome cases in which young women who work at counter or desk all day get bilious, constipated, run-down and sallow-skinned and pimply. These girls have little or no appetite, sleep heavily without being refreshed, and consume pickles and pie for their midday meal and drink whole pailfuls of tea at home. Driven by a desire to "look better," or by the headaches which usually accompany the condition, "to go to the doctor," he finds that all his remedies have but little effect. The secret of success lies in getting up elimination and then by stimulating the natural assimilative and absorptive faculties making new blood and tissue. This, the formula indicated, together with the adjuvant remedies, accomplishes beautifully; and within a month the patient sees such an improvement that she is willing to continue treatment. This means a good deal, for these cases as a rule are very "shy" of going to the doctor a moment longer than they need—especially if they fail to see any good resulting. This is only one way in which the combination of the two drugs proves of service; but the reader's own acumen will lead him to find the many others.

GEO. H. CANDLER, M. D.  
Chicago, Ill.

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#### APPENDICITIS.

About two months since I was called to see a girl of 13 with appendicitis. Locally I used ice bags, continuing them until most of the tenderness disappeared, when tincture of iodine was applied daily

until the skin at the point became slightly blistered. The applications were made every third day.

I administered Saline Laxative, dessertspoonful doses in hot water every two hours until copious watery stools were secured, giving in the meantime Defervescent Compound No. 1 every one-half hour until perspiration became profuse, then every hour until the temperature dropped to 100, then discontinued. On the second day I gave strychnine arsenate gr. 1-134 and hyoscyamine crystals gr. 1-1000, every two hours, which with sufficient Saline Laxative to produce one or two daily stools and a W-A Intestinal Antiseptic tablet every four hours, constituted the medicinal treatment throughout the course of the disease. The strychnine, hyoscyamine and Intestinal Antiseptic were invariably administered with hot water.

The diet at first consisted of buttermilk and broths, followed by baked apple and junket as soon as the localized tenderness had nearly disappeared. For the thirst she was allowed weak lemonade strained through cotton cloth. About every six hours she was sponged with hot water containing a little vinegar. I discharged her in about ten days, continuing the strychnine arsenate every three hours for about two weeks thereafter. She has had no return of the symptoms. Your readers will see that after the localized condition was cared for, it was a case of proper nourishment, and "clearing out and cleaning up" as you call it.

Many patients consult me at my office for a condition as follows: Constipation, frontal headache, hebetude, irritability, drowsiness, furred tongue, bad taste, sometimes slight jaundice. The

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Dysentery: A little known remedy for malarial and similar forms is leontodin, gr. j every two to four hours for adults.

Dysentery: Children with ileocolitis need mercury with chalk gr. 1-20 every half-hour if nauseated, then every two hours.

following is my line of treatment, and with it I have made many a "hit." I first insist that they eat as little as possible, eliminating cold drinks, coffee, milk, eggs and pastry. I then put them on Saline Laxative in hot water before dinner, supper and at bedtime dram doses in a wineglassful of water of the following prescription:

Fl. ext. wahoo.....oz. ½

Elix. gentian and taraxacum with dil. phosphoric acid .....oz. 3½

Each dram of the elixir represents:

Gentian .....gr. v

Taraxacum .....gr. x

Dil. phosphoric acid.....m. x

And may be purchased for about \$2.40 per gallon. It is an excellent tonic to the liver, nervous system and gastrointestinal canal.

DR. HORACE R. POWELL.

Poughkeepsie, N. Y.

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### "BE CLEAN."

When the editor says clear out and keep clean he hits the nail squarely on the head. Not only in typhoid is it true, but in all fevers that flesh is heir to. How is one to reduce fever in a patient with the bowel full of hard, impacted fecal matter? And if you don't clean out on the start you soon get that state of affairs, for not only will that cause fever but fever will cause the other; and in order to get the desired effect of your medicine you must keep the excreting organs open.

We often see in our journals in regard to the alkaloids: "They disappointed me as they did not act as they ought or were expected to." Now, was

it the fault of the drug or the condition of the patient? I find in my own experience that often the fault is in myself and not in the drug, for I hardly if ever am disappointed in the alkaloids if the conditions are complied with; so before we condemn the little granules let us first see if we have done our part. I for one believe in them and sooner or later all schools of medicine will use the alkaloids.

The summer months are at hand when we once more have got to fight for the lives of the little ones; and you know in the same proportion as we save the lives of the little ones, in the same way we win the confidence of the patients. For if we can successfully treat the little ones we are usually good enough for the rest of the family. Therefore let us all give something of our best-known treatment for summer troubles of the children. Tell us how you treat your dysenteric patients; also your cholera infantum.

I am going to tell you how I do now, and I think I have as good success as the majority of physicians. Some call it luck, I don't. I call it success. There is no such thing in medicine as luck. We either know that our medicine will do so and so, or we don't know; and if we don't know that our medicine will have such and such an effect, we had better not handle them.

When I am called to see or attend a case of dysentery, I try to find out what the child has been eating for the last twenty-four or thirty-six hours, and often find that the food eaten is the cause of the trouble. Then the first thing to do is to get rid of the material in the bowels, and there is nothing any better than small doses of calomel followed with Saline Laxative. Or if you want

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Dropsy: Hydrastine more directly tightens up the leaky vessels than any of the direct heart tonics; gr. j a day; slow acting.

Dropsy: Adonidin is specially fitted for cases with anemia, the tissues water-soaked; gr. 1-6 every four to one hours.

to use a high enema, use a No. 12 or 14 catheter (flexible) and thoroughly cleanse the bowel. Give aconitine to control fever, hyoscyamine to control tenesmus, with liquid diet; and above all keep your little patient as quiet as possible, with plenty of fresh air and a well ventilated room.

Cholera infantum is our worst enemy to battle with in summer, and with all the skill that we may possess, and the advice from those we think are superior to ourselves, some will slip away from us; and nothing seems to touch us more forcibly than to lose our little ones.

In cholera infantum is another condition where we must keep the bowels as clean as possible. Be careful of your diet, feed nothing but sterilized milk and broths, and at regular intervals. If child has fever use tepid baths. If restless and inclined to move about, with flushed face and bright eyes, give gelseminine in proper doses. If dull and inclined to sleep, with dilated pupils, give atropine in proper doses, and each must graduate the dose to suit the case. Sulphocarbonate of zinc in oft and repeated doses to keep the bowels aseptic; Infant Anodyne for pain; strychnine arsenate to sustain and keep up the vitality; and with proper nursing you will win out.

Don't try to do too much. There is where we make a mistake. A little well done is better than lots poorly done.

W. A. T.

—, III.

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#### PRAIRIE DIGS AND SPORT.

I saw in the CLINIC (do not remember the date) a brother asking for a remedy for "prairie digs" or itch. During

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Dropsy: Sparteine does well with the aged; it does not have to be increased if given properly; a grain a day is enough.

the civil war it became an epidemic with soldiers. Take sal ammoniac one part, sulphur ten parts, mix with lard, rub in well with the hand, the more friction the better the results. Wash off with warm water and soap as soon as applied. I found it a specific in all cases. One application is generally sufficient. I find it of great benefit to all other skin diseases.

You asked for grounds to hunt quail last fall. I have the quail, the grounds and also the fish and would like to have you come and help me kill quail and catch fish. I can show you more sport in a short time than you ever saw in your life. If you are not too much afraid of having "buck ague," I can show you a deer.

DR. W. T. PAYNE.

Chelsea, I. T.

—:o:—

That's a good formula. Thanks. And your invitation, too, that's appreciated. If we can't get away, perhaps some of the boys can. I hope so. A week with you would be prime good fun.—Ed.

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#### SULPHOCARBOLATE OF ZINC MISUSED.

I just saw a patient who is using zinc sulphocarbolate per vaginun for leucorrhea. I instructed her to use a tablet as per your instructions (namely) to insert one into vagina then apply cotton tampon and repeat every 12 hours. She has used three, one every 12 hours, and her vagina and even the external parts are blistered and she can hardly walk.

What is the matter? Please let me know at your early convenience. She is an intelligent woman and followed

Dropsy: Digitalin or sparteine for acute nephritis, tricuspid regurgitation, scanty urine, nervous engorgement.



directions carefully. I also put her on berberine granules, one every two hours or seven per day. The lady has great faith in me, Doctor, and I would like to do all I can for her. Please advise me.

Dr. G. C. W.

—, Wisconsin.

—:O:—

We certainly never intended to recommend you or anybody else to use zinc sulphocarbonate in the vagina this way. Of course it will burn; and burn like the dickens, and you have got to use alkaline douches and big vaselin tampons—wool tampons thickly smeared with vaselin and applied to the vulva for days and perhaps weeks to correct the trouble.

The modified sulphocarbonates in the form of the W-A Vaginal Antiseptic are all right.—Ed.

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#### THE SULPHOCARBOLATES.

I have been trying some of the sulphocarbonate tablets, and they do not give satisfaction. I am going to try some of the zinc sulphocarbonate granules, gr. 1-6, and if they do no better I shall have to abandon alkalometry.

Dr. W. E. W.

—, Indian Territory.

—:O:—

Gee whiz! What can I say? Not a detail, not a root to tie to. Just guess-work! But I guess, Doctor, you need to study up on the sulphocarbonates.

Intestinal antiseptics have taken such a leap forward since the introduction of the sulphocarbonates that even those physicians who do not practise alkalometry stick closely to this method of treatment, finding it the only safe and reliable one:

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Dropsy: Calomel, scillitin and digitalin form a good combination in advanced cardiac dropsies; give twice a day.

but, Doctor, one thing is necessary, to enable these products to act, there must be present some fermentative or toxic condition in the alimentary tract to antagonize.

The symptoms calling for the use of the Intestinal Antiseptic, are usually, fetid breath, filthy tongue and foul and abnormal stools—these may be either watery, pasty, ill-colored or consist of "rice water" discharges mixed with undigested particles of food or may even be of the ordinary diarrheal variety. Wherever you have diarrhea, flatulence, belching or other signs of bowel involvement, you may use the sulphocarbonates with an absolute certainty of beneficial results to the patient, but you must use dose enough. Double up, Doctor, till the desired result is produced, there is no other limit or measure by which to be governed.

Now as to which salt to use:

A very close diagnostician may possibly be able to say whether the case in hand requires the zinc, lime or soda salt, but the average practitioner, no matter how solid he may be in alkalometry, has found it best to give the triple sulphocarbonates in nearly all cases. In children, the dose will range from 1-6 to two grains and may either be given dropped on the tongue in powder, followed by a small drink of water or in solution, making the dose 1-6 to one grain to the teaspoonful of water. It is not wise to make the solution stronger than this. In adults, however, especially in diarrhea and more serious bowel involvements, five to ten grains should be given every two to three hours until the stools become odorless and the temperature falls.

Thus you will see, Doctor, that it is

Dropsy: For threatened uremia give pilocarpine in dose of gr. 1-6 by hypo; repeated in one-half hour till sweating freely.

not the drug itself which is at fault, but the indication may not have been just such as would call for its administration, or the dose may not have been sufficiently large. Make sure of your indication brother, and then give the Intestinal Antiseptic "Dose Enough," until you get results, and you may be quite sure that good results will follow. The c. p. sulphocarbolates are all right.—Ed.

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### SUMMER TROUBLES: THE SULPHOCARBOLATES.

From an Old Soldier.

I have just been reading your articles on "Summer Troubles." It is all true. I have demonstrated myself many times.

I am an old soldier, served through the war of the rebellion of 1861 to 1865. My health is failing so that I am about to quit the practice of medicine, at least for a time, but any remedies that I shall prescribe or use in the future will be the alkaloids. They are just right. I have never had any failures with them.

The sulphocarbolates are a sure-shot in all intestinal troubles. The W-A Antiseptics are the best I have ever used.

Your iodized calcium will cure any and all cases of croup if given until effect. I have not lost a case of pneumonia or typhoid fever since I have been using the alkaloids, and I have treated a good many. Dysentery and bloody flux are no longer a terror to me. Any doctor, with good horse-sense and Abbott's alkaloidal granules and Shaller's guide, can be successful in curing diseases.

Alkalometry is the only true, scientific method of medication. I have been practising medicine for twenty-five years and

have been a subscriber to THE ALKALOIDAL CLINIC from its babyhood and I cannot do without it, I must have the CLINIC as long as I can get a dollar to pay for it with.

May you live long to complete the grand good work that you have so well begun and are still doing.

Dr. C. E. Ross.

Deer Lodge, Tenn.

—:O:—

Doctor, when you quit the practice of medicine the sick will lose a good friend and a reliable helper and the profession a useful member. Your experience has been so wide that we take particular pleasure in the complimentary things you have to say in speaking of our work.

You are quite correct. A man should rarely if ever lose a case of simple bowel trouble, and never will if he practises the alkaloidal method. Pneumonia and typhoids are also easily controlled with the active principles. The sulphocarbolates are to the modern physician as great an assistance as the telescope is to the astronomer.

Thank you for your remarks relative to the CLINIC. We will do our best, Doctor, to make it in the future even better, brighter and more helpful than it has been in the past, but you must all help us.

The CLINIC is our pride. Our whole interest and intellect are directed to making the CLINIC as nearly the best and most readable medical journal extant as we possibly can. It is the kindly words and friendly comments of men like yourself, men who have borne the heat of the day and know "what's what," that make us able to keep up the pressure.

Won't you favor us with some of your

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Dropsy: Hydragogs may be used when ascites interferes with breathing, but a half-pint tapping is better.

Dropsy: When ascites reaches a certain point the pressure prevents further effusion; tap and you spoil this.

experiences, and drop us a hint and a kindly word now and then, Doctor? From the rich mine of reminiscence you must possess, let some find their way to the pages of the CLINIC.

We thank you most cordially and heartily for your kind words.—Ed.

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### BEBEERINE.

From the Nectandra, Pareira, Boxwood, Cissampelos and other plants, are derived alkaloids that are believed to be identical, and represented by bebeerine. This is extracted by a process similar to that for extracting quinine. It occurs in yellowish amorphous masses, slightly soluble in water, freely in dilute acids, in five parts absolute alcohol or in thirteen parts of ether. The formula is  $C_{10}H_{21}NO_3$ . The sulphate as found commercially is very impure, containing about one-third by weight of the alkaloid (King). It is found in reddish-brown scales, soluble in water or in alcohol.

In its effects bebeerine closely resembles quinine. In small doses it is tonic, and in large ones antimalarial. It is antiseptic along the same lines, stopping the movements of the leucocytes and of lower organisms. It increases the appetite, relaxes the pulse a little, and in large doses causes ringing of the ears and cerebral fullness, quite as quinine does.

In malarial fevers bebeerine is useful but not equal to quinine. It has been praised in periodic headaches and neuralgias; especially in strumous and phthisical patients. In the latter stages of consumption it has proved effective in stopping the exhausting sweats. King recommends it for strumous ophthalmia,

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and as a useful tonic during pregnancy. Scudder praised it as a remedy for menorrhagia, when the flow lasts too long and is too free. In leucorrhœa also the tonic effect has been found equal to that of berberine.

The dose as a tonic is gr. 1-12 to j, before meals; as a febrifuge and antiperiodic gr. v to xx.

Boxwood has been used as an adjuvant to antisyphilitic mixtures, and with doubtful indication in epilepsy. In chorea, hysteria and chronic rheumatism its tissue-toning property may be of advantage.

Berberine approaches most closely in action to bebeerine, which seems to stand between berberine and quinine. In this day of accurate study of remedial agents, it should be ascertained if malarial spleens are contracted as well or better by bebeerine than by the hydrastis alkaloid. In convalescence from malaria, and when quinine has not agreed or has lost its effect, bebeerine seems to be the logical substitute.

W. F. WAUGH, M. D.

Chicago, Ill.

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### SOME OF OUR FEVERS.

I was thinking this morning of our Southern Fevers, and how comparatively easy I have found it to treat and cure them. A woman called in the first of the week, complaining of an "all-gone" feeling—weak, tired, short of breath, a little fever, bad taste in the mouth, and some pain in the lower abdomen (to the right side); did not think she had had any chills. I told her she had better have sent for me to come and see her. Gave her a little medicine and told her to let me know how she was in the morning.

Dropsy: Hydragogs for rare use; jalapin, colocynthin, convolvulin, elaterin; aid by bryonin, senegin or chimaphyllin.

Dropsy: Berberine acts as tonic to connective tissue, often indicated; add to vascular tonics like hydrastine.

Got a message she was "about the same," so went to see her. There were about the same symptoms, only intensified, and she had said she had a slight chill about daybreak. I examined her hands and feet, finding them intensely yellow, as in jaundice. This is my diagnostic sign of typhoid. Told her to stay in bed and be as quiet as possible, and left her some twelfth granule heroine tablets, with the following R:

Twenty powders each of bismuth subnitrate 2 gr., zinc sulphocarbolate 2 gr., salol 1 gr.; with directions to take one every third hour till I saw her.

This was her fourth day; tongue white in center, red at edges, and very weak. Told her to take a dose of Seltzer aperient every hour till bowels acted. It occurred to me that I had a case of typhoid and was in for some hard work, but hoped it would turn out as some had. The bowels were open every day, the above powders given regularly, and on the seventh day the fever was gone. Had had her use the white of an egg every fifth or sixth hour, beaten up in a very little whisky, about half a tablespoon, as food; and allowed water freely (strychnine or glonoin is added if necessary).

Now this had every sign of a malarial attack except the yellow soles of the feet and palms of hands, and this point was what caused me to use the best intestinal disinfectant, in place of antimalarial medicines. I had seen several of these cases in the last three or four years, and was at a loss to name them, so called them "Slow Fever." I think now they are termed "Para Typhoid."

The difference was trifling between the real thirty to sixty-day typhoid and this form, except the lack of intensity in the

symptoms. It differed also, in the outset, from malaria very little—the continuance of the fever from day to day being the most prominent, and no appearance in malaria of the yellow soles and palms. The treatment was different in this: Calomel and podophyllin in full doses till black actions appear, and keep off the chill with acetanilid one to five or six grains (or to age); piperine—twelfth to one-eighth grain—taken one half-hour before the return of the chill; to lie down and sleep, and sweat would come on at the time the chill should have come; thus aborting the entire paroxysm.

Malarial attacks should be divided into four stages: Congestive, chill, fever and sweat. The first is the one that is the most to be dreaded, as in that stage when the blood from the limbs and skin is pressed into the inside of the body, distending all of the blood-vessels, any sudden pressure or increase of pressure, ruptures the weakened vessels—weakened by the poverty of the blood and tissues, and blood pours out. To this stage we also set down all of the deaths, because if rupture does not take place, and the congestion does not stay too long, so as to run into the chill (congestive chill), and runs from the chill into the fever stage, all is safe till another return of the congestive stage. Also it is curious that no matter how intense the symptoms are, when rupture of blood-vessels into the brain, lungs, kidneys, liver or stomach takes place, every symptom is stopped and the sweat comes on.

Now comes the diagnostic point, the one on which I base treatment. If the chill and following fever go off entirely with a sweat, it is malarial. If it sim-



Diarrhea: In rachitic, phthisis and colliquative cases, give calcium lactophosphate gr. v, three times a day for an adult.

Diarrhea: When calcium lactophosphate is indicated, it should be given for months. It does what nothing else will.

ply passes into a sweat with still the hot skin, it is of malarial origin. But if there is no sweat, but the fever, high or low, continues, it is not malaria but typhoid or slow fever, unless something points to lung trouble afterward.

Now as to difference in treatment: Calomel and podophyllin to open the bowels and clean up, followed by effervescing seltzer, if you have time. If not, give acetanilid, one to eight grains, piperine one-twelfth to one-sixth grain. Mix. One powder. Give twenty or thirty minutes before the expected return of the chill; sleep and sweat in ten to fifteen minutes, and all of the trouble will be gone.

Now commence with comp. tr. iodine two parts, Fowler's solution one part. Mix. Three to fifteen drops (as to age) after each meal. And the following as a drink between times:

Nitromuriatic acid (full strength)  
.....2 oz.  
Sulphate of iron.....120 gr.

Mix. Let stand twenty-four hours to digest. Dose three to ten drops, diluted in a tumbler of water, as a drink (or three times a day between meals). Keep it standing on a mantle and drink at any time.

Now keep off the next chill in the same way, with acetanilid and piperine, or in place of piperine a pinch of black pepper, or a few drops of turpentine, gr. 1-60 strychnine, or glonoin.

By this treatment I have gotten people within five or six miles of me to quit quinine, and I never hear of any hematuria, congestive chills, or deaths from malaria now, in about fourteen years. But in other parts of the parish it is sadly different. You will note the difference in the treatment of the symp-

toms of the remittent and intermittent fevers. We have a form of malaria we call "dumb chills." There is a congestive stage, no chill, but followed by fever lasting from twenty-four to forty-eight hours, with a reduction or a disappearance for a few minutes of the fever, with a light sweat, and the fever rises again. In this form the thirst is fearful, and "water" is the cry, which, when swallowed, comes back almost as cool as when swallowed. In this case small doses, one or two grains, of calomel, repeated every fifteen minutes, stops the vomiting, and then the acetanilid to abort the paroxysm, and acid tonic and comp. iodine, come in.

These same symptoms precede and accompany gastritis, exactly, except that the water drank and vomited has floating on it a thick coat of clear mucus, while in dumb chills there is substituted for the mucus a little yellow bile that colors the water. Now for treatment of gastritis:

Silver nitrate .....2 or 3 gr.  
Water ..... 1 oz.

Dose one teaspoonful without any water; repeat in one hour and afterward give water, when it will be retained. A teaspoon of the silver mixture three or four times a day for three days afterward works a cure. No food (unless malted milk or some Bovinine), if it can possibly be kept from the patient.

The above are our principal fevers. I have never seen scarlet fever or diphtheria. I use acetanilid in all of our fevers to reduce temperature and cause comfort, and I rarely see any cyanosis. This last seems to be the big "bug-a-boo" to many, but it is easily accounted for. In congestion the capillaries contract and the blood is forced inside the

Diarrhea: When there is free mucous discharge, trillin has done well; a grain every two hours, or ten grains a day.

Diarrhea: In cases characterized by relaxation of the intestinal tissues absinthin reinforces their vitality.



body; now to relieve this give acetanilid mixture, which relaxes the capillaries, and the blood comes back into them; thus placing the blood in its natural place, that is, in circulation, and cutting off all the symptoms which follow in chills. Now if there is an idiosyncrasy—or a weakness any way—and the relaxation of the capillaries continues or does not respond to the blood-pressure, and keep up the circulation, a partial stoppage of the blood occurs and the blue look of a vein comes on.

This is why I put the piperine or other stimulant in with the acetanilid, so as not to have this stoppage of the circulation occur; not that it is dangerous, as it passes off in a short time without any treatment. And I have in fifteen years constant use of the drug in many forms and combinations seen nothing but the very best effects.

I have used methylene blue in all of these troubles, as well as in kidney and bladder troubles, and have only one fault to find, the urine is colored blue; but otherwise it does the very best of work for me. In fact I don't take anyone's word about a medicine. I try it and others on myself, first, in varied sized doses, and note the effect; then on others. If it does good work for me, I use it. If it doesn't, I drop it.

I can only say for my mode of treating fever: It suits me and pleases the sick, and in my hands is safe. I seldom lose a case of sickness where I am called in first to it; but I do lose some where I am not first choice and have to combat quinine in all of its deadly work. Think of it—in the south half of our parish in one fall and winter, thirty-five deaths from malaria troubles—they (I am told) all used quinine. In our sec-

tion not a single death, except one two-year-old child, where I do not use quinine in any shape.

DR. BEN H. BRODNAX,  
Brodnax, La.

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### REPORTS PROGRESS.

I have just returned from New Orleans, attending the Confederate Reunion, and the Medical Polo clinics, which were a grand display from first to finish. I met doctors from all parts of the United States, and in conversation found that a great many of the old-timers are beginning to realize that the alkaloids are fast gaining ground and coming to the front rank of medical resources. There are some few, however, who are disposed to hold on to the old flintlock muzzle loaders, saying that it would be like trying to make a big pot of soup with a chicken foot.

A. WHITEHURST, M. D.  
Sheffield, Texas.

—:o:—

I suppose some of these men would insist in putting into the soup the whole chicken, head, feet, feathers and tail, and "innards" as well. For my part I prefer the alkaloid of the chicken, leaving out the objectionable parts.—Ed.

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### A STICKER.

Dear Doctor:

Your letter at hand, and would say, that *I do stick*. I believe that I sell more Saline Laxative than any other man. Every day to some one I preach of its good. Oh, how good! Also the little granules. Can't be anything found that can excel them.

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Diarrhea: The congestion of the intestinal mucosa subsides under the use of asclepidin gr. 1-6 upwards every hour.

Diarrhea: Sometimes when an acute attack is due to catching cold, a stimulant like oil of cajuput will break it up.

The CLINIC I am anxious for every month. Don't know how I did without it. Also you have other books that I want and will have later. Yours is a grand work. You are doing good.

F. N. QUIMLEY, M. D.

Portland, Ore.

—:o:—

We are glad to hear that you are such a "sticker from Stickerville." If you are selling more Saline Laxative than any other man, as you say, you certainly must have found a new brand of glue to stick with, as some of them are selling an awful lot. And so, Doctor, you also have come to the conclusion that there is nothing to beat the granules. Well, you are in good company, and there are lots of you.

Thanks for your expressions regarding the CLINIC. As we have said so often, once a man gets the CLINIC it is as hard to stop him as it is a man from the morphine habit. We shall be glad to have you send for the books and will continue to try and keep the work we are doing up to the standard, which has pleased you.—ED.

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#### NATIVE PLANTS.

Allow me to suggest, that you send a competent man to gather knowledge and material along the Pacific Coast country of California, Oregon and Washington. Plant life is rich and varied in this territory. I resided (and traveled) in California and other parts of said territory several years, and took great interest in the indigenous vegetable remedies; and was instrumental in introducing several valuable remedies into public or

professional notice. This occurred many years ago. For instance: The Garrya Fremonti, or California Fever Bush grows on high mountains along the North Coast Range Mountains of California; it is a most valuable remedy for malarial diseases and nervous debility, and as a general tonic. The Grindelia Robusta, for asthma, coughs, etc.; and for poison oak burns; wild mountain sage, for all purposes for which domestic sage is used, and more too, it is a valuable remedy. About 1875 I called Parke, Davis & Co.'s attention to Garrya Fremonti; they tried to "corner" the remedy, but I do not think it has come into very wide general use, not as it deserves. Look for its alkaloid.

Send your agent out into the mountain regions and seek acquaintance with the mountain doctors, and sheep-ranch people, herders, etc. Those wooded mountains are rich in variety of plant life. The Yerba Santa (*Eryodictyon glutinosum*) is a valuable remedy, now in U. S. Dispensatory; but before it was, I learned its uses from the mountain people. See *U. S. D.*, page 1641, for Garrya Fremonti, where it is confused with "Skunk Bush" but neither the "nations" nor any other well-informed person, make such confusion. "The Skunk Bush" grows in the same localities with Garrya Fremonti, but is plainly a different plant.

I had several hundred pounds of the leaves of the Garrya gathered for a pharmacist of San Francisco in 1879, who I believe sold the leaves into the trade.

Write to Dr. H. P. Gibbons, of San Francisco, for information of his uncle's

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Diarrhea: During convalescence the return of strength is facilitated by elegant mild tonics like cerasein, gr. xx daily.

Dentition: For fever, fretfulness and insomnia, a few doses of aconitine act like a charm. Do not give opiates.

papers, published and unpublished. It is a rich mine—hope you will work it well.

Q. C. SMITH, M. D.

Austin, Texas.

—:o:—

This is a work in which I have always felt a strong interest, but it is one in which each doctor should interest himself; that is, he should investigate the plants in his neighborhood, those which have a reputation among the people. Many of these could be put upon the market by physicians, just as Norwood did with *veratrum viride*, and Hayden with *viburnum*. There are lots of nice little specialties that would pay if the doctors would do this. Of course it would require a knowledge of chemistry, as applied to the investigation and extraction of active principles from the plants. It is a very attractive field, but we are too busy ourselves to undertake it.—Ed.

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### THE VALUE OF ROUTINE MICROSCOPY.

#### SPUTUM WORK.

1. Case of pneumonia in a lovely young lady, did not get along just right. Found the pneumococcus and T. B.s (tubercle bacilli) pulmonary phthisis, died. Two consultants were astounded at the findings.

2. Young man in the prime of life placed in my care by another physician. Proved to be the same as No. 1, died.

3. Young man called to see me about an attack of lumbago. He was a fine specimen of manhood. I noticed that he breathed too fast and that his pulse was running wild. He had a slight hack-

ing cough. No heredity. Requested sputum. T. B. and other germs in abundance. Went to Colorado.

4. Sputum sent me by a physician in an adjoining county. Young married lady. T. B.s. Died from a profuse hemorrhage.

5. A young man—mere boy—called about a cough. Found T. B.s and other germs. He was completely dazed. His family get in high dudgeon. Left the country and I presume is no more.

6. Young minister, just married. Sputum sent by a physician friend east of the mountains. Found T. B.s in abundance. Would not believe diagnosis. Went to see some city doctors who promised to cure him. Died two months ago.

7. Middle-aged lady with many suspicious symptoms. No T. B.s but plenty of other germs. Got along all right.

8. Young man whose mother died of consumption. Case looked bad until I tried the sputum which I found alive with all kinds of germs except the little red fellows. Proper treatment brought him around all right.

9. Young married lady with a violent cough and nasty sputum. Very flat chest. Findings same as No. 8. Well.

#### URINE WORK.

1. Young man brought his urine for examination. Said he had some bladder trouble. The shreds looked suspicious. Denied clap, but I found the pesky gonococcus just the same. I gave him a curtain lecture which made him feel cheap.

2. Another young man brought his urine, said he had kidney disease. Had paid out a lot of money to dishonest men. Found his kidneys as sound as a dollar.

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Duodenal Catarrh: In all cases with full pulse try dioscorein, gr. j before each meal and at bedtime, for a month in chronics.

Duodenal Catarrh: The value of sodium succinate in gall stones renders it likely to be useful here as well; gr. xx a day.

3. Another young man thought he was wasting his semen; was getting nervous. Found nothing but phosphates.

4. A doctor friend sent me several specimens of urine of high sp. gr. There was nothing serious in the urine, plenty of calcium crystals. In one sample found vaginal epithelium in abundance and told him the lady surely had leucorrhea.

5. A little later this esteemed medical friend sent me another bottle of urine without comments. Found albumin, casts and urates. Returned the diagnosis with a few suggestions as to treatment and diet. The next day or two brought me the astonishing news that the urine was his. He is much better.

6. Another physician came to my office last winter, handed me a bottle of urine and said, "There; examine that and see what in time has gone wrong with my kidneys and bladder." Found a few pus cells, epithelium, casts. Had a trace of albumin. Put him on appropriate treatment and now he is rustling with the rest of us.

7. An old Confederate soldier who was shot full of holes; found albumin and casts in large numbers. With proper treatment he will live quite a while.

8. Two weeks ago had a surprise. Man in the country, ten miles, felt an attack of renal colic coming on. He came to the city at once. He rolled on the office floor in agonies of pain. The second day I noticed he did not look just right so I sent him to the hospital. He did not feel feverish and his pulse was 65 to 70. The nurse soon showed me that his temperature was 104.5, and pulse 66. Think of it! I had never taken his temperature! I now put on my thinking cap and looked him over thoroughly.



Dentition: Thirst, nausea and vomiting indicating irritable stomach are relieved by bismuth subnitrate a few grains.

Found the aortic and mitral valves diseased. The urine contained a large number of casts and pus-cells, with a decided showing of albumin. Passed two stones. Here was a fine mare's nest I should have found sooner. Put him on the proper treatment and we sent him home greatly improved, much to the surprise of the nurses. I am not as afraid of kidney troubles as I used to be.

9. A medical friend brought in some urine from a lady patient. Said she appeared to have a simple case of catarrhal cystitis. He marked out the bladder a few times; she did well at first, then suddenly got much worse. I found the urine full of pus, mucus and millions of germs. The source of infection was traced to an old syringe that the doctor had used the last time, because he had forgotten his; a surprised doctor.

10. A long-continued case of typhoid fever; several physicians said she was going into Bright's disease. I found no casts, but the urine was alive with the typhoid bacillus, and the kidneys were irritated. Soon changed for the better upon appropriate treatment. Have had no end of sport with several old sufferers, married and families, who come in with a urethral discharge that they could not account for. When I show them the little blue fellows that like to go in pairs, they feel pretty cheap.

#### CANCERS.

1. Man of 70 with vague stomach trouble, that did not do well with the usual remedies. Put him on a test meal and diagnosed cancer; a post-mortem ten weeks later verified the finding.

2. Man of 55, suspected cancer, but test meal said not. He got along all right.

Dentition: Quite often the thirst and nausea indicate the need of a gastric tonic like quassin or calumbin.

3. Man of 59, recent case. Has been treated by others but no positive diagnosis made. Examined the vomit and diagnosed cancer. I have his pylorus on my table. When we find an absence of HCl, the presence of lactic acid, and the Boas-Oppler bacilli, we are quite sure it is a cancer, and 49 out of 50 cases demonstrate.

The other day, I was called to see a lady of 51, who had been flowing severely for three months, no pain. I diagnosed cancer, but to make sure I curetted a little and found carcinoma cells in the debris.

This article is too long already. Would like to report blood work, but must "cut it out," or it will surely go to the waste basket. We often get valuable hints in a drop of blood.

L. R. MARKLEY, M. D.

Whatcom, Wash.

—:O:—

Go ahead, Doctor. Let us have the blood work.—Ed.

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#### BLEEDERS AND NONSENSE.

I want to give the CLINIC family an account of a case I recently had, just as it occurred; and I want Dr. Waugh to add the moral in a footnote for the benefit of the younger members of the profession. On June 7, 1903, at 8 a. m. I got a hurry-up call to attend Mrs. M., five miles distant, in confinement. The brother came for me, and about all the information I could elicit was that she had been having "pains" since the morning before, about 4 a. m., hence about 28 hours, and that now the said "pains" had "went on a strike," and refused to give

further trouble without very substantial encouragement; hence I was honored with a call "just to start the pains," and the old woman in charge had exhausted every resource at her command. Well, I "smelled a mice" (in the language of the poet), so put a few extras in my case and went out to meet the arch enemy in ambush, post-partum hemorrhage.

I found a large, fleshy woman of 165 pounds well advanced in the first stage of delivery. On examination I found a large fetal head, presentation L. O. A., deeply engaged in the inferior strait, membranes ruptured some ten hours since, complete inertia and the woman groaning continually and complaining of being very tired and weak.

Well, after making so many discoveries I began to feel a little tired and weak myself, and after placing in a saucer a few granules each of cannabin, strychnine and hyoseyamine, with directions to give her one of each every twenty minutes, I took my thinker and the lady's husband out behind the house, and opened a large quiz on a small scale, for the benefit of that part of society then and there in trouble, as well as myself. And this is what he told me: "Now, Doctor, I want you to do the best you can for her. I tried to get her to let me send for you as soon as she got sick, but she just wouldn't, as she knew she was going to die this time sure, as she had been sick for six months, and her mother and two sisters had all died from bleeding after childbirth, and her father and one brother had almost died several times, after receiving small wounds from bleeding, so there was no use to go to the expense of a doctor, but bury her decent on the little knoll back of the country church, and for him to have him

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Dentition: As a tissue food, for bone building, give calcium lactophosphate, five grains a day for a year or two.

Dentition: Children who have taken plenty of soluble lime salts during teething have good teeth in after life.



fifth wife plant forgetmenot's on her grave in the spring, tra, la, la and"—I heard no more. I fainted.

When I came to, Mr. M. said he was sorry he had said anything to hurt my feelings, and would I just taste something he had in a big, black bottle? He also wanted my opinion as to the best time to sow turnips, could a bob-tailed dog beat a stick of stovewood around the corner of the smoke-house, and a few other pleasantries to divert my mind from its sad, sad thoughts, and also from the big, black bottle he had slipped under the corner of the house. Then I remarked that it was very appropriate and that I would take a few in the fall if the market was right, and went in to see my patient.

I found that those little Abbott pills had held a session with closed doors with "those striking pains," and the argument had been so convincing that said pains had returned to work at reduced wages on the double shift without board. Then in "time of peace I prepared for war," by loading one hypo. with atropine gr. 1-50, glonoin gr. 1-100, and another with strychnine gr. 1-60, ergotin gr. 2; a large bowl of hot creolin solution 2 per cent, and filled same with one-half pound sterilized absorbent cotton to use as tampons; then a three-quart fountain syringe with a 10 per cent solution Marchand's Hydrozone, and another with a bichloride solution 1 to 4,000; with catheters attached to both; then thoroughly sterilized hands and all parts concerned, and began to wait for the battle to open.

I had not long to wait. Those pains just seemed to climb on top of each other trying to make up for lost time, and in one hour and fifty minutes from the first

Abbott strike arbitrators' interference "for the good of the order," there was a very distinct w-h-o-o-p-hi-yi-y-i and the young Indian brave was here (this is no joke, these folks are Choctaws); and right at this point in the proceedings I became very much interested, and also very busy. There was simply a deluge of blood following the trail of that young Indian squaw, but that is typical of Indians. Now, I clamped the cord with two artery forceps and cut between, then tried to get that placenta by Crede's, Johnson, Brown and Smith's methods. All failed. Then I went after that placenta *a la* Jones, with my good, right hand and found it yet adherent, so I gently peeled it off and delivered as I withdrew my hand; then I kept right on being busy until I had deposited all the cotton I had prepared in that uterus, then used a part of a large bale Mr. M. had in the barn, holding for higher prices. I forgot to mention that I injected the atropine and glonoin just before the baby was born, then just afterward the strychnine and ergotin, then immediately after the uterus was tamponed I injected atropine gr. 1-50, then began giving normal saline solution per rectum, also per mouth, and altogether she soaked up about one gallon, while the estimated loss of blood by the hemorrhage was one and one-half gallons, and all occurred from the time of delivery of child until the hemorrhage was controlled, seven minutes.

I removed the tampons next morning and gave Hydrozone douche to thoroughly clear out clots and control slight hemorrhage, then followed with the 1 to 4,000 bichloride and let her rest. She made a perfect recovery and never felt the least inconvenience except for a

☺ ☺ ☺ ☺ ☺ ☺ ☺  
Dentition: Restlessness may be relieved by macrotin or by camphor monobromide, singly or combined, a few granules.

Dentition: Stomach irritation, sore mouth, and many symptoms, are corrected by a few doses of emetin and rhein.

couple of hours after delivery, until she had time to receive the effect of the saline solution.

In just one week from the date of birth that baby in order to keep up the reputation of the family began to menstruate, and kept it up for four days, then subsided. Mr. M. remarked that they had all had their turn at bleeding but him, when I immediately remarked that I would see that he was not disappointed in that respect. He agreed that I had bled him beautifully when I sent in my bill, and I guess he was right.

C. E. JONES, M. D.

Spiro, Ind. Ter.

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#### BRIEFS.

I want to tell you what I have been doing with the "little pills." In quite a number of "kids" have knocked the "belly-ache" higher than a kite, with Anodyne for Infants. I leave some with every mother whom I attend. They are supplanting soothing syrups and paregoric.

How is your appetite? If not good, put 64 quassin and 96 Triple Arsenates in 4 oz. water, and take a teaspoonful thrice a day. I guarantee that in a few days you will be able to eat the horns off the well-known Billy the Butter. My wife has raised the price of my board.

Watching the arsenic, quinine arsenate gr.  $\frac{1}{8}$  every two hours will have a salutary effect on remittent malaria.

Anticonstipation granules have won me many a friend.

"Oh, Doctor, please leave me those little, white pills for my after-pains you gave Mrs. —," is the cry whenever I at-

tend a multipara. I doff my John B. to Dr. Buckley for his B. U. T.

"Doctor, those white pills (Wide Awake Liver) you gave me are the best in the country," said one of my best patrons.

Babies cry for pink tablets—calomel with aromatics. Old folks do too.

Now I am coming to the life-preserver—Intestinal Antiseptic. I do not see how one can practise without them. For autointoxication I clean out with calomel and salts, then use chlorine water, after meals, Antiseptics every two to four hours.

Well, it is time all trundle-bed trash and virtuous people were asleep. Best wishes for the CLINIC; and hoping I will hear no "Hello" to-night, I bid you good-night.

H. W. THOMPSON, M. D.

Plantersville, Ala.

—:o:—

Doctor, if you do not read this letter with relish, it is positive proof that you need cholagoges and antiseptics. Why should one always write with starched linen and full-dress suit on? For our part we always like to get the doctor with his dignity laid aside, and the things he says then are very near the literal truth—much nearer than when fixed up for publication. Have you never noticed the great difference between what a man says at a meeting and the report of his remarks in the "Proceedings?" And how much stronger and plainer was the spoken word? He used plain Anglo-Saxon then, but when he revised his remarks he substituted the lengthy polysyllabic Latin derivatives, and somehow lost the force. You go to a lodge meeting, and yawn in the assembly room

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Dentition: Emetin and rhein or juglandin do so much for the child and so safely that they should be in every family,

Dentition: When the stools are white and offensive, give mercury and chalk, gr. 1-20 every hour for six doses,

awhile; then you get up, advance to the middle of the floor, salute the Grand, then the Vice, whisper the password in the ear of the sentry, and join the boys in the anteroom. They are smoking, coats off, feet elevated; but there you get at the true ins and outs of the affairs broached in the lodge room. There is where the real work is done, though not spread upon the minutes.

Dr. Thompson has paused on his way to bed, and in a few lines managed to give us a bunch of eight hints in practice. He has not verified one of them by post mortem, but we need not wait for that.—Ed.

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### CACTINA POISONING.

The party was a man of 24 years, had irregular heart-action and cardiac pain. He would drink somewhat occasionally, which brought on the attacks. I gave him a bottle of Cactina Pillets, which he took as directed for 3 or 4 doses, when feeling better or forgetting them, he took no more for a few days. Then, leaving work early one night, he amused himself by swallowing the remainder. As near as I could estimate the numbers, there must have been about 90, about 45 ordinary doses.

When I was called about an hour and a half later he was unconscious, from congestion of the brain from the increased blood-pressure, features suggestive of apoplexy, powerful, full pulse.

I got some apomorphine in his arm, gr. 1-10, as soon as possible, but found no cactina pills in the vomitus. But he relaxed considerably. I gave aconitine and veratrine through the night. He re-

ported feeling a little queer in the morning, but went to work.

He showed no bad effects after; thought the pills were homeopathic was the excuse he made. I considered a large dose of apomorphine was needed for this case, not so much to vomit him as for its depressing effect.

To simply produce emesis, I have always found gr. 1-20 sufficient, and after giving it I fill the syringe with atropine gr. 1-150 to use in case of the apomorphine causing depression.

Case II. A man took a teaspoonful tincture of iodine by mistake. I saw him in a few minutes, gave apomorphine gr. 1-16, and as soon as he began to vomit gave strychnine gr. 1-60. He felt a little tired after vomiting, but the iodine came up and relieved the family.

J. E. BROOKING, M. D.

Hallowell, Maine.

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### CHOLERA INFANTUM.

I read all short medical articles, and if they happen to appear in THE ALKALOIDAL CLINIC all long ones too. But if there is one writer I like better than another it is the man who can give his ideas in a few words.

If there is any man to whom I am indebted for therapeutic information it is to Dr. Waugh; and when he asks me to write something, his invitation arouses me from my natural indolence about as quickly as anything I know of.

Dr. Waugh says he has not lost a case of cholera infantum in 20 years. In 20 years' practice I have not to my recollection lost a case either of cholera infantum or of summer complaint. How do I treat them? Just as Dr. W. says:

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Dentition: Emetin, juglandin, quassin, carry off morbidities, stimulate healthy secretion, arouse appetite and vitality.

Dentition: Worms dislike calomel and san-tonin followed by iron arsenate, which should be given for a full month.

First, clean out the bowels with the following  $\mathcal{R}$  which you will find on page 80 of "Treatment of the Sick:" Sodium carbonate, sodium sulphocarbolatè, of each gr. xxx; wine of ipecac 1 dram; tincture of castor 2 drams; tincture of hydrastis 4 drams; aromatic syrup rhubarb q. s. to 4 ounces. This in one to two teaspoonful doses every one to three hours, will first purge and in continued smaller doses will disinfect the bowels.

But since indigestion is the beginning of all these bowel disorders, it is necessary to assist the stomach. I have found nothing to equal the use of Parke, Davis & Co.'s pancreatine and good cows' milk. Merely heat the milk to blood heat, stir in the powdered pancreatine with a very little soda as per directions upon bottle. Allow it to stand from five to ten minutes and give it to the child before it begins to thicken. I have met no prepared foods for children which will equal this. Besides, it is comparatively cheap. Some of my little patients use it all summer.

#### ECHINACEA.

As much as has been written in favor of echinacea, I believe the half has never been told, or to say the least not half the profession know of its wonderful power and virtue. If you have a patient whose stiffened joints or muscles have made him worthless to himself and a burden to his friends, no matter how hopeless, don't give him up until you use echinacea. For gangrene, septicemia or snakebite, it is simply marvelous. I told this to the friends of a poor sufferer who had not moved a joint or a muscle for eleven months, and who had lain on her back without a moment's intermission during these long months of pain, until

Dentition: Acidity is quickly neutralized by a few granules of lithia salicylate, gr. 1-6 every hour while awake.

bedsores as large as the palm of the hand had formed, and had never been seen or dressed, because it was impossible on account of the pain to even move her. Three months' treatment with echinacea removed all the pain, healed the bedsores and limbered the joints and muscles so that she could move about on crutches. The disease was caused by double milk-leg followed by septicemia and all the evils following such a condition.

#### MEMBRANOUS CROUP.

If there is yet any member of the profession who at this late date does not know and believe that the dark iodide of lime will cure every case of membranous croup, then let him consider himself a back number, request the state board to cancel his certificate professionally, join the "great majority," and allow his little patients to be saved by some doctor who does believe it.

V. E. LAWRENCE, M. D.  
Ottawa, Kans.

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#### CLINICAL NOTES.

In the former edition of the CLINIC I remember the caption: "Don't be a sponge." I infer from this that you mean: "Don't absorb and give nothing in return." Correct.

I have just read the July number and find it is indeed a "good helpful issue." The article on "Summer Complaint" is concise, practical and to the point. I have treated several cases along the lines laid down therein and with good success.

Chlorodyne I have used with the best of results in dysmenorrhea. I use it

Dentition: If convulsions are threatened, give a full dose for the age, of pilocarpine, best by hypodermic injection.

alone, giving in water as hot as the patient can drink.

**Cystitis:** It has been some time since I was called to treat a case of this ailment, and I never have treated it alkaloidally. I made several cures a few years ago that were permanent, by the use of the homeopathic remedy Thuja, giving it in the 30x trit. Some of the brethren may laugh at this, but the cases are at my command to prove my statements. One of them is my wife, who had suffered from childhood and whom prominent M. D.'s had told was incurable. I am by no means famous or prominent, but this remedy did the work in these cases.

**Ringworm:** In my experience with this disease citrine ointment has done splendid work, combined with sulphide of arsenic.

In neuralgia of the face I have found zinc phosphide in many cases almost a specific.

In typhoid fever I have had what I consider unusually good luck, as I have in the past two years treated twelve cases and not a death, only one case running over 21 days. In that case the patient got too fresh and went fishing, consequence relapse, and close call to going over Jordan. My  $\mathcal{R}$  from start is as follows: Aconitine, strychnine and digitalin till fever breaks, with enemas of hot water and turpentine. Intestinal Antiseptic and Saline Laxative, to clear up and clean out. Once or twice a week calomel in broken doses till about one grain is given, then stop and follow with Saline Laxative. Lemonade and ice to relieve thirst and plenty of them, fruit juice and ice cream. In addition to this I have the body of the patient bathed morning and night and oftener if neces-

sary, with hot water to which I add Listerine or Borymenthymol. Disinfect all stools with lime or Platt's Chlorides. I starve my patients and have had them "cuss" me in good old style, but when they are well they generally say: "Doc, I was pretty mad at you but now it is all right." This is my routine  $\mathcal{R}$ . Of course it is varied occasionally by circumstances but it suits me and produces good results.

In pneumonia, aconitine, strychnine arsenate and emetin are my standbys. If there is much pain I cover the chest, back and front with onions (hot), or rub with a lotion of quinine, turpentine and lard; during the convalescence quinine arsenate and Nuclein, with good nourishing food. Seven cases last winter and not a death under this  $\mathcal{R}$ .

I guess I have written enough in this rambling scrawl and will close. In the October issue I will try and give you an idea of my experience (personal) with malaria in Oklahoma. I was there three years and had my share of "shakes;" and want to say it is no fun to shake until the building vibrates in sympathy for hours, and then feel as if all the fiends of hell were stirring the fires during the febrile stage. Success to the CLINIC and Alkalometry.

C. J. STEELE, M. D.

Hustler, Wisconsin.

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### **CYSTITIS.**

I have a good report for you. When I took the arbutin and berberine some time ago and left them off, I consider I did not give them a fair trial. Now I have taken them again for nearly a month, seven times a day, and yesterday for the first time I saw my water clear

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**Dentition:** If threatened convulsions are due to morbid matter in the stomach, an emetic hypo of apomorphine works quickly.

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**Dentition:** If threatened convulsions are due to constipation, relieve it quickly as possible, even with elaterin.



of pus and mucus. I can wait usually three hours and sometimes four, so that is a great improvement, and I don't feel distressed. I am now taking Urotropin and have left off the Cystanium, and have found the change beneficial. Whether the pills are doing the needful or the Cystanium I cannot say, but I am inclined to think the pills are acting well for the kidneys. How long should I take the arbutin and berberine, even if I don't see any pus?

—, England.

F. F.

—:O:—

These two remedies may with advantage be taken six to twelve months, in such cases.—Ed.

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#### DERMATITIS.

I want to tell you that I have just cured a case of dermatitis, involving the soles of both feet, in a little girl five years old, with the W-A Intestinal Antiseptics given internally after thoroughly emptying the bowels with calomel and castor oil. The cure was complete in three days and this too when in two other attacks it took a Des Moines doctor six weeks to do the same thing. No other treatment was used except to apply locally stearate of zinc in powder.

The child was a heavy eater of meat and other strong foods and was constipated most of the time. I therefore attributed the condition to autoinfection, and in view of the result of treatment I fancy I was not far wrong in my diagnosis. There was in this case complete desquamation of the soles of both feet.

I believe Saline Laxative and the W-A

Intestinal Antiseptic given freely would be good treatment in case of burning feet at night in elderly people and I shall try it in my next case.

By the way, let me say that colchicine is a very useful remedy in other conditions beside rheumatism and gout. Boldine is a dandy but the price seems rather skyward.

DR. Z. C.

—, Missouri.

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#### ENTEROCOLITIS.

I was called at 4 a. m.; found a child of four years in convulsions, with vomiting and diarrhea, abdomen moderately distended, apparently great pain with each bowel movement, which occurred every fifteen minutes to one-half hour, stools yellowish, filled with mucus and greatly resembling pea soup. Temp. 103.5, pulse 130.

Treatment: Gave half an ounce of castor oil, Defervescent Compound, hyoscyamine and calcium sulphide. Called again at 2 p. m. Child had a convulsion at 11 a. m. and could retain nothing in line of medication. Gave calomel grain 1-10 every hour, which stopped all gastric irritation. At this time I gave zinc sulphocarbolate which again produced vomiting. Stopped the zinc and gave resorcin, and used the zinc sulphocarbolate as an injection, a 2½-grain tablet to a pint of water.

Called again next morning, found temperature down to 101, pulse 120, stools less frequent but of same character, abdomen still slightly distended, child very restless. Gave Infant Anodyne every 15 minutes, along with the other treatment, with instructions to cease the

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Dentition: If you have to rely on but one remedy for all these ailments, let it be the Neutralizing Cordial.

Dentition: How much trouble is averted by taking these difficulties while they are little and curing them.

Anodyne as the child grew quiet. Did not get to see patient until following afternoon, when stools had changed to a greenish watery discharge, abdomen negative, child resting easy, no more tenesmus, stools about every two hours. Withdrew the Defervescent Compound and substituted Trinity. Irrigated only once a day. When I called next day the child wished food, which I had stopped absolutely, allowing nothing but brandy diluted with eight parts of water and albumin water. Dismissed the case with instruction as to feeding, and Nuclein with Trinity every four hours.

My diagnosis was acute catarrhal enteritis. Was I right? Parent of child called at office last night, stating child was feeling fine, bowels normal, up and playing in the room.

F. WM. SCHULTZ, M. D.

Merrill, Wis.

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If you had made your diagnosis enterocolitis I should agree with you, the symptoms indicating involvement of the large bowel. Your treatment was all right. When the zinc sulphocarbolate disagrees I give it in doses of one grain with two grains each of bismuth subnitrate and Lactopeptine and then it answers.—Ed.

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### ECLAMPSIA

After practising medicine for fourteen years I ran against my first case of puerperal convulsions the other night. Was called to see Hattie R., white primipara, age about 18, found her in deep coma and in a convulsion, this being the ninth. Convulsion and coma

came on about two hours before without any premonitory symptoms, and at beginning of second stage of labor. Pains had stopped with first convulsion.

Not being told of her condition I had to send to office for tr. veratrum viride, chloroform and forceps. Got them in two hours, injected 20 drops of veratrum, waited one-half hour and gave ten drops more. She was just over the twenty-first convulsion when I gave the first dose. She did not have any more convulsions after the first dose. Pains came on soon after first dose of veratrum. I waited, at request of family, half an hour and seeing no progress of labor, I introduced forceps and delivered her of a boy weighing 11 pounds, dead for several hours, with a very little loss of blood. Consciousness did not return until 3 o'clock p. m.

Recovery uneventful. As her coma was so deep I did not use chloroform, but I now carry veratrum with me.

M. L. WATSON, M. D.

Summer Shade, Ky.

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### DYNAMITE HEADACHE. SALAMANDER BITE.

I see in THE SURGICAL CLINIC the question asked as to treatment of nitroglycerin or dynamite headache. I have found iodoform a specific for it, not taken internally but just smelling a bottle of it. I cannot tell why the drug should act thus, but I know it does, from an experience of years in mining camps where the complaint is common.

I have just cured a case of poisonous lizard bite by injections of hyoscine hydrobromate gr. 1-50. The animal is known here as the Salamanquera, and

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Dentition: Every difficulty of this trying time may be averted or cured by a little watchfulness and wise treatment.

Dentition: Do not let the head get hot from autotoxemia, and you will not have convulsions to treat later.

the people say the bite is fatal always. But I fooled it with the alkaloid. Patient was maniacal, and under the above treatment soon quieted down and said all pain had ceased. I cannot say how it has helped me these two last years.

I have used the W-A Vaginal Antiseptic dry on a large saddle sore, on a horse, and found the effect excellent.

E. J. FERNANDEZ, M. D.

Ures, Sonora, Mexico.

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#### AN ERRONEOUS CONCLUSION.

In the CLINIC for July, page 713, Dr. B. F. Terry of Rising Star, Texas, makes some very unusual statements and reaches conclusions that I think would prove very hurtful if followed. He was writing on the necessity of the use of morphine as a remedy, and says: "To learn how to give morphine for a prolonged time without forming the habit, has been a study with him for three years, but that he has succeeded in solving that problem." "That the combination of hyoscine hydrobromate with morphine is an absolute preventive of the morphine habit."

He bases this conclusion on "several cases" in which he has used this combination hypodermatically "hundreds of times," and "for months" without the formation of a habit. With my experience in such matters I am compelled to hold the opinion that the doctor does not know just what his patients took after he discontinued the use of this combination, or if no habit was formed then that the doctor's patients were very extraordinary people indeed.

I think it may be stated as an axiom that the prolonged use of any drug or

combination of drugs that will relieve pain, induce sleep, quiet nervousness, or in any other way bring about a state of well being to the otherwise uncomfortable individual, will result in the formation of a habit. The length of time required to fully establish the habit will vary greatly with different individuals, but the final result will be drug slavery if the combination is continued long enough.

It is evident that the combination of hyoscine with morphine will not prevent the formation of the morphine habit. In support of that statement I will say that I have just completed the treatment of a series of five hundred cases of morphine addiction. In looking over my record of this series of cases I find that twenty of them, or four out of each hundred, were addicted to the use of morphine and hyoscine in combination. Several of these were the most complete mental and physical wrecks of this entire series, therefore I am compelled to dissent from the doctor's conclusions and to put on record a protest against their acceptance.

The combination of hyoscine with morphine is a very happy one, and is doubtless more efficient both as an hypnotic and pain-reliever than either of the drugs alone. I am also ready to admit that hyoscine favorably modifies some of the unpleasant effects of morphine and possibly lessens the danger of formation of the habit; but to say that its administration in combination with morphine absolutely prevents the formation of the morphine habit is stating the case entirely too strongly.

Both of these drugs are narcotics, each of them retards secretion and excretion, arrests peristalsis and forces the retention of the products of waste, thus induc-

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Dentition: If you mothers only knew how little of teething troubles are really necessary, you would be happier.

Dysmenorrhea: Beware of opiates and remedies that benumb sensation but do not cure; they will be worse needed each month.

ing autointoxication, and this is the essential pathology of morphinism. No drug or combination of drugs that induces the pathologic conditions that compel the drug-user to continue the use of morphine, can prevent the formation of the habit.

It is true that a secondary effect of hyoscine is to slightly increase secretion, but that increase is not more than sufficient to compensate for its own primary restraining effects on secretion, and therefore cannot also overcome the constipating effects of morphine.

The formation of the morphine habit is an extremely grave matter, and as this drug is very rarely curative in any disease, and as it has such a seductive effect on so large a class of people, it cannot be used with too great caution. I am sure that those who expect hyoscine—valuable as it is—to neutralize all its bad effects and prevent the formation of a habit will find themselves mistaken.

GEO. E. PETTEY, M. D.

Memphis, Tenn.

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### SOUTHERN FEVERS.

You ask for reports on "Southern Fevers," and I have been thinking over the cases that I have attended in my practice since coming here one year and a half ago, to see if there is anything that will help my brothers in the profession.

As a usual occurrence "Typhoid Fever" is not as severe south as it is north, but we do have a form of fever here that I consider typhoid, that may persist for a longer period than typical typhoid, and in the end leave the patient fully as low in the physical scale as the typical form with its much higher range of temperature.

In treating this lower grade of fever, which I call typhoid if it lasts ten days, I use the treatment so well known to all readers of the CLINIC, namely, strict attention to hygiene of the surroundings, with calomel gr. 1-5, ipecac or emetin, gr. 1-10 of the former or 1-67 of the latter, grain j sodium bicarb. followed by Saline Laxative to clear out the bowels, and this followed by "Intestinal Antiseptic," as high as one hundred and twenty grains in twenty-four hours, watching the conditions of the stools, the odor, color, consistency, etc., as to whether I increase or diminish the doses of the antiseptic. This treatment, with the addition of strychnine arsenate and Nuclein, and in some cases the Triple Arsenates as strength-givers, is sufficient to control and cure these cases readily.

One thing that I find that many physicians overlook is proper sanitation in the sick room and surroundings. Here we have to take into consideration, that malaria is frequent; and I really think it proper to exhibit quinine along with antiseptics in the beginning. While probably the arsenate of quinine would be sufficient, as it is stated that one grain of the arsenate is equal to fifteen grains of sulphate in action, I have found that the sulphate gives better results generally than the arsenate. However, if there is no evidence of malaria the quinine is left out entirely. There is a great tendency through the south, I believe, to administer quinine in nearly every case, no matter what the condition. This should be discouraged for it is harmful.

I will cite a case of typhoid fever, typical in character, which is now convalescing at St. Vincent's Infirmary in this place:

Sunday July 12th, was called to see

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Dysmenorrhea: There are many remedies that have succeeded, but we are in need of explicit directions as to the choice.

Dysmenorrhea: Don't give opium or alcohol in any form in any case. They give most deadly relief and surely lead to habits.

W. K., German, about forty years old. He had been feeling ill for about one week. At 4 p. m. of the 12th his temperature was 105, pulse 120 per minute, tongue heavily coated with dark streak down center, and edges and tip red. There was some tenderness over the abdomen with borborygmus.

It was almost impossible for him to swallow, he remarking that his tongue seemed so stiff and thick.

I gave him a solution of aconitine 24 granules, digitalin 24 granules, veratrine 24 granules, in 24 teaspoonfuls water; ordering a teaspoonful every twenty minutes for five doses, then every two hours. Gave him tablets of calomel gr. 1-5, ipecac gr. 1-10, sodium bicarb. gr. j, one every hour till ten had been taken, then followed by Saline Laxative; and told him I would call next morning.

At 8:30 a m. found temperature 102 F., pulse 100 per minute, and plentiful stools, that were very foul smelling and of a blackish green color. I told him that I would be in to see him that evening. At 5 p. m., called to find that he had been up and running out into the dining room, where the ladies of the boarding house were, without his clothes on; and that he knew nothing about it when I told him what he had done.

His mind was wandering, his temperature at this hour was 105.5, and next morning I sent him to the Infirmary where he could have better attention.

Moving him in the ambulance caused considerable shock, and when I saw him a few minutes after he had arrived at the Infirmary the temperature was 97° F., with cold extremities and perspiration. For the shock I first gave glonoin hypodermically, followed by atropine gr. 1-150 a little later, with heat in the form

of hot water bags in the bed. The temperature soon began to rise, and at 4 p. m. was 104.5 degrees. After the first twenty hours I discontinued the aconitine, digitalin and veratrine solution, and have continued to "fire in" the Intestinal Antiseptics, up to one hundred and twenty grains in twenty-four hours, with a calomel, ipecac and sodium bicarb. tablet about every four hours. The temperature never went above 103.6 after the third day, and now at the end of the fourth week he is convalescing nicely. He has had one granule of strychnine arsenate every three hours since taking him to the Infirmary, and if there seemed to be any weakness of the pulse and nerve depression, which did occur a number of times, the strychnine was increased to three granules, of 1-134 grain each, every two hours. After the fever began to decline it would go as low as 97° F., in the early morning hours, with consequent depression and copious sweating, at which time hot water bottles to extremities and body, with hypodermics of atropine, were given with signal results.

The abdomen and lower part of the thorax were covered with petechial spots, which are not yet all gone.

I am certain that many of the so-called low forms of fever which occur in the South, and continue six, eight, ten and twelve weeks, can be cut short by proper attention to hygiene and cleanliness, with thorough flushing with calomel and salines, and pushing the three great intestinal antiseptics, zinc, sodium and calcium sulphocarbolates.

Some one may say that four weeks is as long as typhoid fever should run with the "let-alone treatment;" but I believe if they will just stop and consider the



Dysmenorrhea: Choose your remedy and then give it in small dose every half-hour till you get the relief. Use heat externally always.

Dysmenorrhea: In the intervals cure endometritis and any other ailment to be found on the most thorough examination.



severity of the onset, with the beginning and pretty well established nervous symptoms, with subsultus and wandering mental faculties, they must conclude that with the "let-alone" methods of treatment the patient would have gone a much longer period before convalescence began, and altogether likely would never have recovered.

I have never been called to a case of fever in this city, where the sanitary condition could not be improved; and I have come to the conclusion that all these slow forms of fever can be shortened and made to yield readily by thorough sanitary conditions, and cleaning out the bowels with Saline Laxative, and keeping them clean with the proper Intestinal Antiseptics.

A. E. SWEATLAND, M. D.

Little Rock, Ark.

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#### FLORIDA.

Very little is known of the virgin country in which I live. It is one of the most beautiful and healthful sections of the state. Unlike South and East Florida, we have no mosquitoes, black flies, etc. Water is  $H_2O$ . We hang fresh beef up without salt and use until gone. The finest fishing and hunting in the entire state. Sunstroke is unknown. So far since February I have had but one case of malaria. I know of not a single case of consumption in our section and have not known of a single tuberculous subject in 10 years. Rheumatoid affections are rare.

Those coming under my observations are usually due to syphilitic conditions, congenital or acquired. Not a case of

contagious eruptive fever has come under my care since living here. Not a soul has been vaccinated for a period of ten years to my knowledge, and those who have been are invariably non-residents or new settlers from other sections.

Fruit abundant, agricultural and large crops always certain. We grow the finest sugar cane in the state. Lands friable and fertile. Bee apiaries numerous. One man shipped three carloads of honey last week, product of one apiary. Sheep and cattle in great numbers and no disease, etc.

My motive in writing you is based upon a communication I received from you months ago, regarding an article which appeared in the CLINIC relative to homes for consumptives. Your letter asked if we in our section of the state would object to the visits of consumptives here. We want them. We want all you can send or bring. We have but one request, i. e., that they come married or go away single. We don't want our boys and girls to marry them. The "White Specter" is unknown to us and we don't want him to get between our sheets.

We have, within six miles of my house, a most beautiful lake of clear water. It is supplied by springs at the bottom (presumably). The depth is over 100 feet, at least a line or sound of that length has been dropped in it but no bottom found. It is a mile long by three-fourths wide, situated upon a high, sandy ridge. Oak and pine forest, palmetto, etc. The view is as enchanting as Colorado scenery, without vast mountains, eternal snows, and slush.

The nights the year around are cool

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Dysmenorrhea: After curing the lesion you still have the pain-habit to be cured; then use your antispasmodics.

Dysmenorrhea: The greatest antispasmodic is atropine; pushed till the mouth begins to feel dry, but no farther.

enough for a blanket covering. The days never get hot like it gets around State and Van Buren streets in your city.

Now, Doctor, we are poor folk, but we want a sanitarium here, and my desire is to interest gentlemen of means in establishing one here. We are situated near the great Apalachicola River, with palatial steamers running daily. No railroads. We are 35 miles from the Seaboard Airline and L. & N. at River Junction. The Dead Lakes are 15 miles from us, where the finest fishing in the world is. We are 35 miles from the Gulf with a daily steamer to Apalachicola and Comabella. At one o'clock every day the "Gulf Breeze" strikes us, making the air fresh and crisp and cool.

Now, sir, what more do you want? Oysters in your soup? Can't you come down here and take a turn at rod and gun with me? I don't know you, but I would like to. We have a steam yacht 40 feet long and seaworthy at our landing. It's a poor man's yacht, only a \$2,000.00 one, but its safe and swift. You will be my guest and that means the best and all I've got—gratis. If you gentlemen who have more money than places to invest would come here to get one peep at our country, you would shell out and that quickly. I met Mr. Sibley of Rochester, in Denver, Colo., some years ago, and upon asking him what he was out there for, he replied: "For my health, sir, and incidentally to find some place to invest a lot of idle money." I asked him down here, but he said: "You freeze up down there." The freeze is forgotten. Orange groves are blooming. West Florida is prospering. Come down

and take a look at a virgin country, beautiful, healthful, rich, resourceful, and the place for winter homes.

H. M. MACPHERSON, M. D.  
Orange, Florida.

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### EXPERIENCE WITH THE ALKALOIDS.

In 1895, discouraged, disheartened with medical practice in general, there came a catalogue of the alkaloids to my desk, which lay there for several days. By chance I picked it up, glanced over it, got interested, and began to study it.

The more I studied it the more I became interested in the alkaloids, and then and there I made out my first order for the same, with the determination, if not more successful with it than the old method of practising medicine, I should give it up and embark in some other vocation.

In a few days the medicine came, and I can assure you I was eager to give it a fair trial.

At first I was a little afraid of the active principles, but by degrees I got very good results. I embarked further in the alkaloids, so I am now using at this date about seventy odd different alkaloids.

It may interest some brother medico to know the results, which I may say in the main have been good, especially in chronic cases, where patients had run the whole gauntlet. And I may say here that any physician who is careful of his diagnosis and uses the proper alkaloids will have good results.

Since 1896 I am using the A. A.'s exclusively. I find them accurate and right in price, which is more than can be said of the French firm. I have almost wholly

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Dysmenorrhea: When unsatisfied sexual longing is at bottom of trouble, give cypripedin gr. j four times a day and upwards.

Dysmenorrhea: No remedy has won more repute or more justly than Buckley's Uterine Tonic, for this malady.

dispensed my own medicine. I find it will give better results in the long run than prescription writing.

Case I. In July, 1896, a man clad in a heavy ulster came to my office with the old, old story, malaria. The history he gave was as follows: Malarial fever every spring and summer for the last seven years. He had been to several physicians without any relief. He had chills every other day, lasting from two to four hours.

I put him on four quinine arsenate granules, one atropine granule and one Nuclein tablet, every two hours till the chills were broken, then every three to four hours. Inside of two weeks my patient was cured. I then put him on Nuclein and strychnine arsenate for one month to clinch the cure. He has been well ever since, but pay from that day to this I never got.

Case II. A. F., aged fourteen, had been sick for three days before I was called; temp. 103.4, pulse 105, general malaise, headache, constipation. Diagnosis, typhoid fever. R Calomel gr. 1-10, soda bicarb. gr. 1-4, Dosimetric Trinity, Saline Laxative in the morning, Intestinal Antiseptics every three hours until the stools became odorless. The boy made an uneventful recovery in fourteen days.

Case III. Mrs. G., thirty-nine years old, called me, in May, 1892, stating she did not know what was the matter with her. She had not menstruated for three months previously, complaining of a large abdomen at times and at others flat. I suggested examination, which was refused under the pretext of not being necessary. Made a diagnosis under the circumstances of either pregnancy or tumor. Two weeks after was called again for

slight oozing from the womb. Examination revealed a large uterus; slight hemorrhage until next day, when she aborted a fetus between three and four months. No hemorrhage after expulsion of fetus, condition very favorable, temp. 100, pulse 90. Three days later, temp. 103, pulse 110. Made a thorough examination, no sepsis. Suggested counsel. Dr. O. was called, agreed with my diagnosis of typhoid fever. Temperature went down to 100 and 101, and kept on in that way until the third week; then the temperature went up one day of the third week from 103 to 105. Counsel was asked again. Dr. McK. was called, agreed with diagnosis of typhoid fever, treatment continued. She kept on in this way until she died in the sixth week of her illness. Dr. McK. after a thorough examination could find no sepsis.

I should like the critique of the editor and the fraternity.

H. W. NUNGASSER, M. D.

Burnside, Connecticut.

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#### FOREIGN BODY FROM LUNG.

Herewith is copy of report submitted by the Reed and Carnrick Laboratory, Jersey City, N. J., to whom I sent a part of the same pathologic specimen I sent you about May 1st.

"Specimen hardened and stained was found to be composed in the center of cellular tissue. This was surrounded by bands of elastic fiber and mucus." Partial copy of explanatory letter. "The main part of the mass is composed of cellular, namely vegetable tissue. Along the outside of some of it are seen some elastic fibers, but these were not in sufficient quantities to say from what part

☺ ☺ ☺ ☺ ☺  
Dysmenorrhea: Our Uterine Sedative: Citicutine hydrobromate, gelsemine, anemonin, a granule every quarter-hour till relief.

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Dysmenorrhea: Feed up the exhausted nerves and stop leakage of vital force; duty does not end with relief of one attack.

of the body they came. It did not have the appearance of a vegetable growth in the body, but rather had been taken in from outside, perhaps had become encysted, bands of the fibers being thrown about it, and this was loosened later by a severe spell of coughing. The hemorrhage was probably due to the tearing away of the fibers."

You see the report agrees in the main with your own, and I will have to give up the cancer theory, although I suspected very strongly that such was the case; and one preacher along with several others who claimed to have seen cancers after removal, declared that it was one without doubt. The patient has had no further hemorrhage and is regaining his strength slowly.

J. C. PRESTON, M. D.

Buffalo, Kansas.

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#### HARD TIMES.

I have been a reader of the CLINIC two or three years and like it very much. I received a pocket-case with it which has served me a good purpose, though I have not laid down the old way yet—it looks so much like learning over again. Your remarks in the April number, page 330, under the caption: Do Quacks Make Hard Times, attracted my attention. I have read the editorial four times, and those remarks more than anything else have caused me to write these my first lines for publication.

You certainly do not understand the difference in conditions now and before the civil war. Then the doctor looked to the owner of the slaves for his pay, but now he looks to the negro himself; and

in many cases he is a thriftless creature that thinks he is doing God service if he beats his medical bill. And as to the quacks, a negro likes something far-fetched and dearly bought. He likes it from New York or Chicago, and something that will cure all diseases; and nearly all of them will tell you that it did them no good, but they will go for the next thing that comes along, and so on, and beat the doctor out of his hard-earned money. It is amazing how much money these people get out of this country for their cure-alls. I don't know what to do about it. We have a very close medical law, but it has done no good that I know of. So the quack still roams the country and floods the mails, and no help for it.

Then you say, whatever may have been the wounds of the war, or left by it, the lapse of a third of a century cannot have left much trace in so rich a land. Now, Mr. Editor, I was here during the war, was here before the war, and I am here now, and as to the effects of that war just allow me to give you one instance:

I was just sixteen years of age when the war closed. I was never a Confederate soldier, and never took up arms against the government, and have lived a loyal citizen to this time; but after the war was over and peace was made, all that I had was cotton, and the government confiscated it, and the claim has been before Congress twenty-five years with no prospect of it being paid. I am now fifty and getting gray, but I feel the loss; and I will add that I need the money, too. But I send you the dollar that I am due you, for I must have the best of reading matter, and that is say-

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Dysmenorrhea: You cannot avoid inquiry into the sexual relations, and must know how to give needed advice.

Dysmenorrhea: Cicutine hydrobromate and aconitine make a good combination for cases due to catching cold.

ing enough for the CLINIC; so send it along in spite of hard times.

E. L. HOUSTON, M. D.

Koran, Louisiana.

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I am very glad indeed to hear from you, Doctor, and wish that more of you men would discuss the conditions that present themselves with you. In the multiplicity of counsel there is wisdom. Your letter practically confirms what I have said in some respects, for it stands to reason that if the negroes send out of the country so much money for patent medicines, and don't pay their home doctors, this money practically comes out of your pockets. Now, it is not American to sit down and bear an abuse without trying to devise some means of rectifying it. Can't some of you suggest a plan of meeting this difficulty?—ED.

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#### JUST AS GOOD.

We are having a good deal of intestinal trouble, some of it typhoid. I have tried two different makes of the sulphocarbolates, said to be just as good, etc., but they have not yielded the same results, and appear to irritate the stomach, and crumble, some do, on being exposed to the air a few hours.

J. T. HUFFORD, M. D.

Lancaster, Ohio.

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#### MALARIA.

We hardly know just what to include in the term "Southern Fevers," but in this paper we shall speak mostly of the malarial types of fever that are prevalent in this community at this time. We are

having a class of fevers (?) here that are of the most peculiar type I have ever experienced, in the fourteen years I have practised in East Tennessee. I think they are of malarial origin; and like a hound pup, they put their nose into everything.

The symptoms of the average case are about as follows: They complain of headache, "aching all over," debility, lassitude, nervousness, general weakness, lack of energy, poor appetite, poor digestion, biliousness, and sometimes enlargement of the liver and spleen. The pulse and temperature are extremely variable, both in different patients and in the same patient at different times. The pulse-rate is from 50 to 120, or 130. The temperature ranges from 95 to 104, or more. Its symptoms and maneuvers are so variable that we never know what move on the board it will make next. The temperature is so changeable that I often have to provide each patient with a thermometer, so as to know how to administer intelligently for the relief of each symptom as it arises.

This has not been a very malarial district. We only have an occasional case of intermittent fever, but have had a sprinkle of remittent for the past two or three years. About April I was surprised to find my patients with a temperature down to 95 or lower, and the patient still alive, and some of them on foot. I remarked to one that according to his temperature he ought to have been dead a week ago.

I have occasionally encountered a case of typhoid with a subnormal (abnormal) temperature, but these deviations were slight and very rare. Subnormal temperatures are usually looked upon as a grave symptom, and I am surprised to

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Dysmenorrhea: When the flow is black and in clots, give anemonin gr. 1-134 every half-hour till the pain is relieved.

Dysmenorrhea: For spasmodic or neuralgic pain, dark fetid flow, cramps or chills, give atropine gr. 1-500 every half-hour.



see so much of it this season and some of them yet on foot. I first questioned the accuracy of my thermometer, but tested it with others and found it correct. I have given it much thought and have tried to pry to the bottom of the trouble, and whether or not I have succeeded will be shown by the amount of crape I leave hanging on the doors, which I hope will be small, but I have a very serious case or two on hand at this time. My conclusions after experience and investigation are as follows:

When we speak of malaria we know what we are trying to talk about, but we may not know exactly what we are talking about. We can scarcely comprehend the meaning of the word malaria. We know what the books say about it and how the lexicographers define it, yet we don't understand it. From the history and language of the authors on the subject it is too incomprehensible, too voluminous, too broad a term. I fear it leads us to search in the wrong direction for the cause.

There is too much difference of opinion at the head of the profession in regard to malaria. We don't know which one to believe. One man tells us it is the absorption of poisonous gases emanating from decaying vegetation, found in low, wet, marshy lands. Another tells us we have it where there is no soil, no vegetation, no swamps and no moisture, and that there is a chemical action produced by the hot rays of the sun on the barren rocks that produce it.

Another and one of the late fads is that it is injected or inoculated into us by the mosquito; and down here at Knoxville, Tenn., only a year or two ago they wasted barrels and perhaps carloads of coal oil on the swamps, lakes

and ponds, about the city and surrounding country, to destroy the propagation of this parasite for the prevention of the disease. But I am sorry to say, they still have it.

Many of these theories are pretty to talk about and theorize upon, but will not stand the storm of practical test. I am about "foot" in the profession, and know that my opinion is too small to be worth much, but I believe if we would drop the broad term malaria, and call these conditions autotoxemia, it would be a far more comprehensive term, and we might be led to investigate in a different field for the cause. I believe we look too much toward extraneous influences instead of looking inside of the old machine itself.

Of course filthy surroundings play an important part in contaminating the system, as we absorb a certain amount of poison, and that throws more work on the liver, kidneys and other excretory channels, to throw it off. But there is a certain amount of wear and destruction of matter in all machinery, and the human machine is not an exception to the rule, nature having made provisions for the expulsion of refuse materials from the system, as does the hive at once expel a dead bee, an excessive drone, or any intruder, from their premises. Enfeeblement of function may retard nature's process of elimination and cause self-infection or autotoxemia. Just so with a feeble hive of bees, they have less resistance, are more liable to invasion and become easy prey for the enemy bee beetle.

The daily waste of tissue in the body is considerable, as evidenced by the amount of food required to replenish it; and if we allow constipation, defective



**Dysmenorrhea:** For congestion in plethorics, for catching cold, fever and headache, give aconitine gr. 1-134 half-hourly.

**Dysmenorrhea:** For the congestive form in persons weakly as to pulse, give macrotin gr. 1-2 every hour till better.

urination and diaphoresis, what can we expect? Autotoxemia or self poisoning of course. Nature's delicate mechanisms are as easy to become clogged and gummed from the accumulations of mere waste as a watch or other machinery; in which case we have a jeweler or machinist to take it apart and thoroughly cleanse all the bearings and active parts, and after doing so it becomes a perfect machine again.

Nature's laws are true and the same throughout the universe, and what is true of metallic machinery is true of animal machinery. When we examine a patient with this disease we find engorgement and stagnation all over the eliminative system.

Then it is plain what the *modus operandi* of the physician's work should be. It is then merely a question of individual selection, in which we have a wide range, of remedies belonging to each class. I put the larger channels to work by the use of cathartics, partly cholagogue; and the smaller by the use of diuretics, diaphoretics, alteratives, etc. These things remove the cause of the trouble, and if nothing more is done nature will usually complete the cure, but, to hasten it and make more sure of it, we treat each individual symptom as it arises. Short-circuiting the pathologic conditions if you please, until nature's laws are satisfied.

In a well-marked case of some of these types of fever, we have the cold, hot and sweating stage so familiar to many southern physicians, and the sweating stage is only nature's safety valve popping off for the relief of the patient. If we will watch what nature is trying to do and only aid her at the weak points we will succeed. I "pry off" that valve

a little sooner than nature does, and cut short the torments and torture of that hot stage. When he sweats he cools down, eliminates the fever, and gets easy.

After the bulk of the disease is over, tonics, good diet, etc., are called for and soon the patient is on his feet again. These heavy sweats are splendid for freeing the system from the poison, and are very beneficial; but when we have to allow such high temperature to produce it (to pop off the valve), we suffer the loss of tissue that has been burned up by this excessive heat, and that partly counterbalances the good of the sweat; so I produce the sweat artificially and don't allow the fever to run high enough to cause much waste of tissue.

Quinine has been the most lauded of all remedies for malaria. It has even had the honor of being called a specific. It is much over-rated. I have seen it used internally, externally, and eternally too. If I have a specific I want it to do the work. I notice the physicians who are discarding the excessive use of quinine and selecting better suited remedies, are the ones that have the best success in curing their patients.

Malaria plays a high hand in the diseases of the South, and when intermingled with typhoid (which I believe is merely a chip off the same block, the disease in this case affecting Peyer's glands), it makes a slow, tedious and dangerous case to treat. I would like to hear the experience of others on this subject. Brothers, what is your experience in the class of cases we are having here? It appears to me that this malarial condition may attack (settle on) almost any organ or organs of the body, and be named according to the part af-

Dysmenorrhea: In the worst form when the pain threatens or causes convulsions, give atropine hypo, perhaps with morphine.

Dysmenorrhea: The most common cause of morphine habit in women is dysmenorrhea and a fool doctor with a syringe.

fect, and he be treated for that disease; yet malarial poison, autotoxemia or a self-poisoned condition, is the cause of it. Thus we have malarial articular rheumatism, malarial neuralgia, malarial typhoid, or malarial pneumonia, some cases of which show up the malarial part of it, and in others the malarial symptoms are wanting, and may never be recognized by the attendant; and like a thief in the night it steals away the life of the patient.

Some of our cases here are almost void of all symptoms except dull feelings, and a low temperature, usually 97 or 98. Some of this class have a slight elevation. But symptoms of any kind are hardly sufficient to make a diagnosis. I think in these cases it is only a light form, not sufficiently developed to show its colors. It runs a malarial course and takes a few weeks for the patient to be straightened up.

E. V. PENNINGTON, M. D.  
Mohawk, Tenn.

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#### MALARIA.

Dr. Hoag, formerly of Sanger, Cal., gave me a splendid prescription for malaria. He had practised a long time in malarial districts and this treatment had become almost a routine with him:

Extract colocynth co. 1 dram; calomel 1 dram; quinine sulphate 2 drams; sodium bromide  $\frac{1}{2}$  dram. Mix. Divide in 10 powders. Direct: One each day.

The bromide prevents ringing in the ears. The doctor always had it prepared at the drug store, and in time the people and the druggist learned to dispense with the physician, by simply having the prescription refilled. In tablet form it

can easily be reduced to a powder, which is the best form to take it in.

FRANK POLLARD, M. D.  
Albion, Cal.

—:O:—

Has anyone used quinine dissolved in hydrobromic acid? It seems like an admirable combination.—Ed.

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#### "ARIA CATTIVA" MALARIA.

There is probably no name so thoroughly non-descriptive and which suggests so much and tells so little as malaria.

The epithets Idio or Koino Miasmata suggests only the miasms which arise either from the animal body or from the most unhealthy situations, but of these miasms little if anything definite or positive is known chemically. All that we do know is that from such conditions and under such circumstances, emanations take place, capable of causing disease in many of those who come in contact with the poisonous effluvia.

In this great Apalachicola Basin the physician meets with various types of form. The types are so varied and difficult of diagnosis that it usually takes the "new doctor" a season or two, with a "green Christmas" graveyard as "results," to arrive at a correct diagnosis and positive form of treatment.

The chief symptom in all febrile attacks here, is a paroxysm of chill. The best definition of a "chill" I know is: A feeling of cold without adequate objective cause. The chill is usually followed by fever and sweat, recurring at irregular, and sometimes regular, intervals. Such premonitory symptoms, in

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Dysmenorrhea: For neuralgics, nymphomaniacs, spasmodics and fullness of head, gel-semine till the upper lids droop.

Dysmenorrhea: Rheumatic cases are benefited by resin of guaiac, 2-grain lozenges one every hour slowly sucked for local effect.

this section, where malarial diseases are common, are assumed to be of malarial origin.

It is only after quinine preceded by calomel has failed to break the paroxysm and other symptoms develop, that correct diagnosis can be made. Incorrect diagnosis of our forms of fever is due to the fact that most physicians assume that malarial fever is always one of intermittence or periodicity, and not until some alarming conditions present themselves is the true nature of the disorder discovered.

As to the symptomatology, etiology and pathology of malaria, I am as yet, after ten years of active practice in a malarial section, unable to pen a line intelligently. I must leave that to the "book-maker" who writes up fevers at long range from the roller-top desk in his library.

We have two classes of malarial fever to deal with in Florida:

First, intermittent fever with fixed intervals; second, intermittent fever with capricious or irregular intervals.

The time of the initial attack is most frequently between midnight and day break; thereafter it is: "Doctor, I have the fever every evening."

The chill comes suddenly without announcement or warning, usually preceded by a headache, pain in lumbar region, and not infrequently in the kidneys and bladder, followed by painful micturition, rapid pulse, usually small and thready, yawning and stretching, dry rasping cough—which before the next paroxysm is followed by excessive vomiting of "pure bile," as the patient expresses it.

The fever does not begin with the chill, as is commonly held by most writ-

ers, but puts in its appearance after the chill, and the patient has slept one-half or one hour. The temperature increases rapidly, a maximum being reached in two to four hours of 102 to 105 degrees. There is no set time for the duration of the fever. It may last two, or four, or even fifteen or twenty hours. The pulse does not quicken uniformly—95 to 120, and not infrequently the pulse will be 95 and temperature 103 or 104 degrees, or more; so that the pulse-rate in relation to temperature is no guide whatever.

"Third day" chill and fever is the common type of malarial fever here, and the most obstinate fever we have to treat, resisting every direct and indirect method of treatment, and usually runs nine to twenty-one days and disappears as mysteriously as it appeared, giving the doctor and patient no praise for its removal.

As to the "irregular" type, after all its irregularity is the remarkably regular feature about it. In the quotidian variety the attack may be on one day in the morning and on another in the evening. This some claim is entirely due to a double infection, in one of which sporulation takes place in the morning and in the other in the evening. I don't know. Do you?

The quartan is like the tertian in periodicity, and its malarial nature is easily recognizable. But as to these fine distinctions in malarial fevers I know nothing, and as this article will be of no great interest or value unless it contains something of treatment for malarial disorders, I will give a formula I use with some measure of success.

#### INTERMITTENT FEVER.

Clear the bowels with calomel and soda bicarbonate.

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Dysmenorrhea: In spasmodic cases give caulophyllin in the intervals; gr. j to iij before meals and at bedtime.

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Dysmenorrhea: The uterine spasm is sometimes relieved by viburnin, helonin, aletrin, or cannabis, pushed to effect.

Iron ferrocyanide.....dr. 1  
 Iron arsenate.....gr. 1½  
 Powd. resin guaiac....dr. 1  
 Dispense in 12 capsules; one *t. i. d.*  
 For less obstinate cases:

Elixir cinchona .....oz. 2  
 Iron, quinine and strychnine .....gr. 20  
 Elixir .....oz. 1

Dessertspoonful *t. i. d.*

Bilious pills. Each pill contains:

Ex. coloc. comp.....gr. 1  
 Podophyllin .....gr. ¼  
 Ext. hyoscyamus.....gr. ⅛  
 Powd. capsicum.....gr. ¼  
 Ext. jalap.....gr. ¼

For fever:

Tinct. aconite.....m. 1-5  
 Tinct. bryonia.....m. 1-10  
 Tinct. belladonna.....m. 1-10

Give *p. r. n.*

Or:

Tinct. aconite.....m. 1  
 Sulph. morphine.....gr. 1-20  
 Antimony and potassa  
   tart .....gr. 1-50

H. MACVEY MACPHERSON, M. D.  
 Orange, Florida.

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### YELLOW FEVER.

An intensified tropical bilious fever.  
 Treatment: Clear out and clean up the bowels. Support heart-action without increasing temperature above normal. Look to the vitality and support this, with the preceding suggestions in view at all times.

Refer this to Dr. E. Van Hood, Ocala, Fla. He has had yellow fever and therefore perhaps can make some modification of this.

A. ABSHIER, M. D.

Bellevue, Fla.

♥ ♥ ♥ ♥ ♥ ♥ ♥

That there is a bilious or malarial form of fever resembling the true yellow fever is well established; but the genuine article is a different thing altogether. The first case the writer saw impressed him as a new acquaintance.—Ed.

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### A REAL REMEDY FOR "BED-WETTING."

Among the many things which worry the doctor and lead him to suppose that either there is no virtue in drugs or else that he is "mighty ignorant" of the proper remedy to use, enuresis—the common every-day "bed-wetting" of the common every-day child—stands proudly forth as the most annoying. This habit of "bed-wetting" is common enough to insure each man getting a case or two, even the first year he is in practice; and unless he is fortunate enough to either find out or be told of the proper treatment he is apt to go on into the years, meeting defeat at the hands of the "bed-wetter" more often than is pleasant.

There are several causes for this condition and the first thing to do is to find just what it is in the case under consideration. If the patient is a boy ten to one you will find an elongated prepuce with retained smegma. If this is not present look out for seat-worms—this applies also to girls. Anyway, in both cases look up the genitals and rectum and relieve any abnormal condition.

Next, if the trouble is not there look up the urine. If it is hyperacid you have the key to the situation, and the thing

Dysmenorrhea: Anemics are greatly benefited by iron arsenate and arsenic bromide, given in the intermenstrual periods.

Dysmenorrhea: Frigid women with scanty flow are helped by sanguinarine, gold, platinum, rue, a little of either for months.



needed is lithium benzoate and arbutin, with free drinks of water, taking care that the last dose is taken at least an hour before retiring. Circumcision was duly considered and recommended whenever needed, in the last issue of *The Surgical Clinic*, but, once more let it be remarked that it is a good thing to do in these cases.

Worms will speedily vacate if you give an enema or two of a solution of quassia. At the same time give chelidonin, santolin and calomel, to get rid of any lumbricoids that may infest the bowel. If there are no worms, if the genitals are in normal state, if the urine is also natural and the child is otherwise well, then you have on hand a true case of that variety of enuresis which has put wrinkles in many a practitioner's face and gray hair on his head. You needn't get either.

Put out of your memory the classic belladonna, and give the little one gr. 1-5000 of cantharidin every three hours, every other day for two weeks, and on the alternate days naphthol, gtt. iij in capsule, morning and night. This has proved to be specific in these puzzling cases, and if the child is put on a hard bed, has it's bladder emptied the last thing, and allowed no water after 6 p. m., will cure every time.

#### SOME SEASONABLE SUGGESTIONS.

Rhus tox, 1 granule (1-10 gtt. green tr.), every half hour for ten doses will cure "prickly heat" in just that time. Take a good purgative as well. If this fails the tr. of *urtica urens* (nettle weed) in minim doses will not. A third good remedy is *rumex crisp* (yellow

dock), ten drops of the tr., or, better still, rumin, gr.  $\frac{1}{3}$  every hour.

As an outward application, nothing will equal a strong soda solution; though in some few instances a 1-20 carbolic acid solution acts nicely.

Among the many available things which are used for the suppression of hemorrhage are vinegar, very hot water, chloroform, tannic acid, pulverized green tea, powdered oak bark (or galls), cobwebs—and these are really useful—"puff-balls," "smut" from rye or corn, and turpentine. In hemorrhage from the nares the sniffing into the nostrils of lemon-juice will often prove effective, as also, will finely powdered green tea. These agents, or some of them, are at hand usually.

The hand and arm may be elevated above the head and a pledget of paper pushed up firmly under the upper lip. If these measures fail then press on the facial artery where it is seen to pulsate midway between the chin and ear on the edge of the jaw.

The country doctor should carry always a bottle of hemostatic collodion, which is prepared as follows:

|                    |        |
|--------------------|--------|
| R Collodion .....  | oz. 13 |
| Acid carbolic..... | oz. 1  |
| Tannin .....       | dr. 5  |
| Acid benzoic.....  | dr. 3  |

Mix. Direct: Apply in two or three coats, holding the edges of the wound together till dry.

In hemorrhages from the lungs the quickest relief is obtained by giving a hypo of atropine, gr. 1-200, over the thorax. Let the patient take salt on the



Dysmenorrhea: In all but the congestive forms, the use of arsenic in the intervals is of decided benefit.

Dysmenorrhea: Gouty plethoric women with scanty flow must take colchicine in intervals and lobelin during periods.

tongue. Emetin gr. 1-67, every 15 minutes, is usually specific. The writer has succeeded with an emetic dose of apomorphine. Ol. erigeron and ol. cinnamomi—ten drops of a mixture of equal parts of each—is something to depend upon. In gastric hemorrhages give an atropine, hypo. and emetin, gr. 1-67 every fifteen minutes.

When there is profuse bleeding from the non-gravid uterus the quickest effective remedy is hot water—and plenty of it—applied to the *os uteri* with a fountain syringe. Trillin, gr. 1, t. i. d., is a reliable preventive. Ol. erigeron and ergotin may alternate. If the condition is intractable use iron alum and tampon. Vinegar is an easily obtained and useful thing especially if it be good cider vinegar.

Hiccough will usually yield to pressure on the phrenic nerve. Press the thumbs just inside the inner side of the clavicle where the nerve passes by the side of the "windpipe." Painting the same spot with iodine will often stop the paroxysm. Anything which will make one sneeze will stop ordinary hiccough. Ten grains of quinine sulphate has succeeded when all else has failed. Hyoscyamine, gelseminine and cicutine are to be considered.

In "overheating" sponge the body with alcohol and give aconitine gr. 1-134 every 15 minutes; or if the pulse is thick, full and heavy, veratrine in the same dosage. Watch the heart, and if it grows "jerky" and uneven give strychnine.

"Hives" will often defy the doctor, but ammonium carbonate in 2-grain doses will cure these annoying things nine times out of ten. Vinegar internally and

externally will do it too. Clean out the bowel and flush the kidneys.

GEO. H. CANDLER, M. D.

Chicago, Ill.

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**RELATIONS OF HYPERCHLORHYDRIA TO "BILIOUS ATTACKS," SOME FORMS OF ECZEMA, GOUT, AND MUSCULAR RHEUMATISM.**

Hyperacidity of the stomach is a common disturbance of secretion. The frequency of its occurrence is very difficult to determine, as there is no doubt that a moderate excessive secretion of hydrochloric acid may take place without producing subjective symptoms. I have on several occasions examined the gastric contents of patients with apparently normal digestion and found excess of hydrochloric acid, although in some of them there was a history of "bilious attacks," which were probably attacks of acute hyperacidity. It seems to me, therefore, that the gastric distress which is present in cases of hyperacidity is more or less due to the hyperesthesia of the mucous membrane of the stomach as well as to the excessive acid contents. This opinion is supported by the fact that in many cases of hyperchlorhydria pain comes on in a few minutes after the ingestion of food of any form. The commingling of these two neuroses—hyperchlorhydria and hyperesthesia gastrica—makes an investigation into the relations of the former to "bilious attacks," eczema, muscular rheumatism and gout a very difficult one, as I cannot help but think that a general irritable condition of the gastric nerves must produce some changes in the sympathetic

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Dysmenorrhea: Congestive and subinvolution cases must take during intervals phytolacin with some form of iodine.

Dysmenorrhea: Probably the best iodine for subinvolution is iodoform, 3 grains a day; or arsenic iodide, or iodo.

and cerebrospinal centers, which would no doubt lead or tend to lead to diseases in other organs. The investigation is also difficult because even if we find hyperchlorhydria associated with diseases of some other organ we have still to determine which was diseased primarily, or whether both pathologic conditions were not secondary to a disease in some other organ of the body, such as uremia, uraemia, nicotine poisoning, neurasthenia, etc.

My attention was first called to the subject about two years ago. I observed the internal treatment, both dietetic and medicinal, which I was accustomed to use in cases of hyperchlorhydria, was approximately the same as that which I was using in some forms of acute eczema and in both cases it gave very satisfactory results. I then determined to investigate the relations of these two diseases and latterly I have extended the research to the whole subject matter of my paper.

Before I give results of my observations, I wish to discuss and offer some suggestions as to how hyperchlorhydria may cause disease in other organs of the body. We know that the amount of blood in the portal system increases during the process of digestion. I think I am safe in stating that the more active the secretion of the stomach and intestines the greater the inflow of blood to the gastro-intestinal area. All the blood which enters the portal system must pass through the liver and hence the hyperemia of the stomach which occurs in hyperchlorhydria would tend to produce active congestion of the liver. The same pathologic condition might also be produced by the absorption of the toxic substances, the products of the disturbed

digestion, produced by the hyperchlorhydria. Thus we know that an excessive acid secretion interferes with the digestion of starch and does not interfere with at least some form of fermentation. I have frequently observed considerable quantity of yeasts in gastric contents with normal hydrochloric acidity or even hyperacidity. I do not think that the secretion of hydrochloric acid bore any causal relation to the presence of yeast, as the growth of the latter no doubt resulted from the retention of food. If yeast can grow in the presence of HCl, then it is probable that the latter will not have any deterrent action affecting the growth of some other forms of germs in presence of a suitable pabulum, and in all cases substances with variable degrees of toxicity would be produced and gain admittance to the portal circulation. Fermentation and putrefaction in the intestines are of frequent occurrence in cases of hyperchlorhydria and probably result from the inflowing of the highly acid chyme containing large quantities of unchanged starch. The toxic substance thus produced would also be carried to the liver. We should also remember that these poisonous chemical bodies may not only cause active congestion of the liver but, changed or unchanged in constitution, pass on into the general circulation to produce disease in other organs. If active congestion of the liver results from the absorption of toxic substance from the stomach and intestines as well as from an excessive inflow of blood to the portal circulation, we have still to discuss the effects of pathologic hyperemia of the liver on the system in general. We know that the liver has varied and complex functions. It is at the same time a di-

Dysmenorrhea: Hemorrhagic cases are well treated by cannabis, which relieves the pain and stops the bleeding.

Dropsy: Ampelopsin is a mild evacuant tonic, suited to mild forms and convalescence, with iron phosphate and quassin.

gestive, an excretory and assimilative organ, and it would be quite natural for these functions to be disturbed by an excessive inflow of blood laden with toxic substances or even with an excess of food products. Defective metabolism might lead to an excess of urates in the blood and I believe that this is the case in hyperchlorhydria.

#### HYPERCHLORHYDRIA AND "BILIOUS ATTACKS."

When a patient complains of such subjective symptoms as headache, nausea, pain and discomfort in the region of the stomach, acid eructations, bitter taste in the mouth, disinclination to work the diagnosis of bilious attacks is frequently made, particularly if the symptoms follow excessive eating or drinking. According to my experience, these attacks are very frequent in cases of chronic hyperchlorhydria, although they are not infrequent in patients who do not give a history of chronic indigestion. With the object of determining the activity of the secretion of HCl in this condition I produced emesis in a patient with the above symptoms one hour and a half after partaking of a breakfast of three pieces of toast and a cup of coffee and examined the vomit. The total acidity and free HCl were 72 and 32 respectively, showing the presence of hyperchlorhydria. The patient had suffered from severe similar attacks previously, but they were of short duration and in the intervals he had fairly good digestion. I think, therefore, that this was a case of acute hyperchlorhydria due to irritation of food which he had eaten a day or two previously, or an exacerbation of a mild form of hyperchlorhydria.

#### RELATIONS OF HYPERCHLORHYDRIA AND SOME FORMS OF ECZEMA.

That hyperacidity of the stomach bears some causal relation to some types of eczema I have no doubt. I am equally confident that there are cases of eczema occurring in persons with normal digestions. According to my experience, symptoms of indigestion are of frequent occurrence in eczema, and are usually of the character that indicates hyperchlorhydria. In addition, I have examined the gastric contents of six cases of eczema with symptoms of dyspepsia; in five of these there was an excess of HCl in the gastric contents, the remaining case having normal acidity. Moreover, the internal treatment of acute irritable eczema which usually gives me the best results is about the same as that which I find most successful in cases of hyperchlorhydria.

I am unable to say in what manner the eczema is produced by the hyperchlorhydria, but I have some data which point to an excess of uric acid in the blood as the direct causative agent, and I have suggested in a previous part of my paper that the hyperchlorhydria may be the cause of the uraemia. However, I shall content myself for the present by reporting short clinical histories of some cases in practice which appear to indicate a relationship between these diseases.

Case 1. H. M., aged 42, market gardener, consulted me in the spring of 1900 on account of an eruption on his face, forearms, backs of hands, and fingers. His previous health had been fairly good, although he had suffered considerably from indigestion for two years before he came to me. He complained of heartburn, heaviness and



Dropsy: Copaiba and leontodin have been advised as specific for ascites; try them and tell us about their indications.

Dropsy: For scarlatinal and other acute nephritis gives veratrine as much as the pulse will bear and keep it up.

slight pain after eating. His tongue was heavily coated and his bowels were constipated. The appetite was fairly good. The eruption on account of which he sought advice began two weeks previously on the backs of the hands; it then extended to the fingers and forearms, and lastly to the face. The rash had all the characters of acute vesicular eczema. I gave the patient a test breakfast and an analysis of the gastric contents revealed the presence of hyperchlorhydria. The patient was treated as follows: a mixture of black wash and calamin lotion was applied to the eczematous patches and the diet and internal medicine were the same as those indicated in hyperchlorhydria. Under this treatment he made a rapid and complete recovery from both the eczema and indigestion.

Case 2. A. B., physician, for twenty years has had eczema and for as long as he can remember has suffered at times from indigestion. The eczema began on the scalp and those parts of the face covered with beard. The first attack extended to nearly every part of the surface of body. The eczematous patches were red and scaling, and occasionally moist. When he was a boy if he ate pickles, lemons, or other acid substances he suffered from heartburn, but of late years the indigestion has been at times much more severe in character. When I examined the patient last autumn, I found that the scalp, neck, trunk, and popliteal spaces were the seats of the eczematous patches. A few of the diseased areas were moist, but most of them were dry and scaly. The patches on the trunk were of various sizes with well-defined borders and had all the ob-

jective signs of seborrheic eczema or seborrhea corporis, but the subjective symptoms were somewhat more severe than those which are generally present in cases of seborrheic eczema.

As the patient was suffering considerably from indigestion I gave him a test breakfast and analyzed the gastric contents. The total acidity and free HCl were 120 and 73 respectively; mucus slightly increased; digestion of starch very poor. The patient was therefore given an internal treatment suitable for hyperchlorhydria and an external treatment suitable for seborrheic eczema. We found that the lesions were very irritable. A mild resorcin and sulphur ointment, usually so effective in seborrheic eczema, was not tolerated; but an ointment containing 8 grains of ammoniated mercury and one dram of zinc oxid to an ounce of cold cream appeared to be soothing to the affected parts. Under this treatment a rapid improvement in the condition of the patient took place and two months later the rash had completely disappeared. I am of the opinion, therefore, that this was a case of seborrheic eczema aggravated by the irritable condition of the stomach.

Case 3. S. W., male, aged 27, came to see me on June 10, 1901. He told me that he had suffered from eczema of the face for over two years. On inquiring I also ascertained that he frequently suffered from heartburn, pain after eating, belching and other symptoms of indigestion. His face and ears were nearly covered with red scaly patches and his left cheek was considerably swollen. He also suffered from seborrhea of the scalp and alopecia furfuracea. I considered this a case of seborrheic eczema ag-



Dropsy: Asparagin is a useful stimulant diuretic, for cases requiring renal flushing, desquamative nephritis.

Dropsy: Aletrin has been recommended for general anasarca, as a tissue tonic; its properties are not well known.



gravated by hyperchlorhydria and prescribed accordingly. The rapid disappearance of the edema and the marked improvement in the scaly patches appear to support my diagnosis.

Case 4. A woman, aged 50, came to see me in December, 1900, complaining of an eruption on the backs of her hands. She was full-blooded and had had her menopause about three years previously. She said that she had had indigestion for years, but the symptoms, discomfort after eating, belching, acid eructations, did not worry her very much as her appetite was fair and her general health was good. An examination of the lesions convinced me that it was a case of acute weeping eczema, and analysis of the gastric contents revealed the presence of hyperchlorhydria. The stomach was not displaced. I estimated the quantity of uric acid passed in a day to be 12.5 grains. I tried Garrod's test for uric acid in the blood and obtained a positive result.

The treatment of this patient was very similar to Case 1. A mixture of black wash and calamin lotion was at first applied to hands. When the parts became dry I used Lassar's paste. Internally I gave an alkaline mixture and a light non-irritating diet.

Case 5. A. T., female, aged 40, came to my skin clinic at St. Michael's Hospital, June 5. She complained of an eruption on her thighs and face. She stated that the rash began on her thighs two years previously and about the same time she also began to suffer from indigestion—pain after eating, acid eructations, etc. Her digestion had improved of late, but the eruption was still on her thighs and had recently extended to her face.

An examination of the patient revealed the presence of scaly, eczematous patches on the thighs and an edematous erythematous eczema on the face. The blood was tested for uric acid by means of the thread-test and a marked deposit of uric acid crystals was obtained. The patient was given a mixture of potassium bicarbonate, sodium salicylate, tincture of nux vomica and fluid extract of cascara sagrada aromatica before meals and a diet of bread, butter, milk and rice. In five days the eczema had completely disappeared from her face and in two weeks had nearly disappeared from her thighs. I then ordered a weak tar ointment, which in a few days effected a cure.

#### RELATIONS OF HYPERCHLORHYDRIA AND GOUT.

Disorders of the digestive system are of frequent occurrence in gout. All writers on the subject agree that excessive eating and drinking are important etiologic factors. They also agree that gout frequently gives rise to indigestion. "Acidity" is a common symptom in gouty subjects, and it has hitherto been held that the acid in the gastric contents was usually due to organic acids and not to hydrochloric acid. I believe that a thorough investigation of the subject would prove that this opinion is incorrect. We know that a similar erroneous idea was until recently held with regard to all cases of gastric indigestion. Deficiency and not excess of gastric secretion was said to be usually present in cases of dyspepsia. Even so distinguished a writer as Lauder Brunton, in his article in Clifford Allbutt's "System of Medicine," holds the same view. I know that this opinion is incorrect with regard to the dyspeptics in Toronto.



Dropsy: Among diuretics are caulophyllin, collinsonin, phytolaccin, gossypin, ulexine, and the stimulant rhus.

Dropsy: A common sense rule is that if the patient takes in more water than he puts out, his dropsy will not improve.

During the last three years I must have examined the gastric contents of at least 300 patients and hyperchlorhydria was much more frequently present than hypochlorhydria.

The investigation of the relations of hyperchlorhydria to gout is somewhat difficult in this country, as according to my experience podagra is uncommon, while irregular gout is very common, but difficult to diagnose, particularly when not preceded by a history of gout in the foot. I have only examined the gastric contents of one patient with a history of regular gout, and he had marked hyperchlorhydria; but the subjective symptoms, referred to the stomach, which have been described to me by gouty patients, and which are generally held to be characteristic of the disease, are very similar to those of hyperchlorhydria. Again the etiologies resemble each other in some particulars. We know that excessive eating and daily use of alcoholic liquors in those who lead sedentary lives dispose to gout and these are the same habits which are active agents in the production of hyperchlorhydria and hyperesthetic gastritis. It seems to me, therefore, that the relation between the two diseases is a subject worthy of investigation. If uratemia is shown to be present in cases of hyperchlorhydria then at least one important factor in the etiology of gout will have been determined.

#### RELATION OF HYPERCHLORHYDRIA AND MUSCULAR RHEUMATISM.

We know very little about the etiology of muscular rheumatism. Exposure to cold is no doubt a contributing factor. Clinical experience teaches us that muscular rheumatism and gout are in some way related. It is probable, there-

fore, that patients with muscular rheumatism may suffer from a mild degree of uratemia.

In regard to relations of hyperchlorhydria and muscular rheumatism, I have observed that they are frequently associated, but whether the muscular rheumatism is the result of the hyperchlorhydria, I am at the present unable to say. —*Exchange.*

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#### NORTH CAROLINA.

I see in several late CLINICS resorts for patients suffering from lung troubles mentioned. Many physicians assert that there is no difference in locations, yet all recommend an outdoor life. Hence, where the patient can spend most time out of doors is best. I desire to call your attention to the pineclad sand hills of North Carolina. On these is located Pine Bluff, N. C., 100 miles from the sea, at an elevation of 600 feet, depth of sand unknown, average annual temperature 50 degrees, abundance of sunshine, the very best water, almost chemically pure; a few springs contain lithia; air dry, no fogs, no mud, pine forests. As yet no sanatorium. Cottages isolated, and I think this plan preferable.

I am sure this location is one of the best, and anyone who has any chance for recovery will be benefited. But do not send any who are about ready for paradise. R. A. CAMPBELL, M. D.

Pine Bluff, N. C.

—:o:—

I know that country is good, because I have been there, and have sent many patients there. They built log huts of the long-leaf pine trees ten years ago, at from \$25 to \$50 apiece, big enough to shelter a man; better than a tent, and not too expensive to burn when the oc-

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**Dropsy:** Anyone can learn in a week to limit his daily fluids to half a pint, and the dropsy has to lessen.

**Dropsy:** The dry diet is worth all the drugs in use, ten times over. Try it and you will see we are right.

cupant died. I knew one physician who went there to die, with the bacilli plentifully distributed through his lungs, and I saw him there six years later, quite comfortable, raising strawberries. This place has many advantages.—Ed.

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#### PERNICIOUS REMITTENT FEVER.

During the yellow fever epidemic of 1878, I was practising in Cairo, Ill. A steamboat put off a number of cases of the fever there, and immediately there was a panic. People fled in every direction. My place being fifteen miles from Cairo was soon overrun with refugees.

In the course of a few days I had three patients under my care with the following symptoms: High fever, skin yellow and dry, tongue coated, constipated, sick stomach, rejecting nearly everything swallowed. The usual anti-malarial treatment seemed to aggravate the disease. I quit all treatment except hot acid drinks and Saline Laxative. All three had coffee ground eructations or vomiting. One died, two recovered.

I wrote to the President of the Illinois State Board of Health and described the cases, telling him my diagnosis was "pernicious remittent fever." I was strongly of the opinion they were yellow fever, but never having seen a case I did not feel competent to say. The president wrote me that he had no doubt I was correct in my opinion, but to avoid a panic let it go as pernicious remittent fever. No other cases occurred.

In 1895, while practising in the Mississippi Delta, I had a patient four years old, white, who had pernicious remittent fever that went from bad to worse in defiance of any and all treatment. This child would lie on his side and belch up

matter that exactly resembled the coffee-grounds left in the bottom of a cup of coffee. This condition lasted for forty-eight hours. I gave him calomel gr. j every hour as long as he remained in that condition, skin yellow and dry, tongue coated and dry, teeth covered with sordes. I gave no other treatment except to rub him with quinine every three hours, and a warm sponge bath night and morning. The child recovered but was badly salivated, lost several teeth, but finally recovered entirely, and was doing well two years after his illness.

At the time this case came under my care there was no yellow fever in the United States, certainly none in that locality; yet this child had symptoms identical with my patients in Illinois of eighteen years previous. No other members of this family were sick although the sanitary conditions were excellent for germ-breeding.

I have often seen coffeeground vomit in malarial troubles, but the three cases mentioned here are the only ones, coming under my observation that recovered. In all others I have seen it occur just before death closed the scene.

I have no late authority on practice that mentions this condition in connection with malarial troubles. I had a work of Flint's, written thirty-five or forty years ago, that mentioned it. He said it was almost a certain indication of death, or that a very small percentage of cases recovered after this condition was reached.

H. C. BUCK, M. D.

Memphis, Tenn.

—:o:—

In such cases accurate diagnosis and the unvarnished truth in reporting are duties.—Ed.

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Dropsy: Remember, that among the causes is to be included hookworms in the intestines, or uncinariasis.

Dropsy: If veratrine does not relieve acute dropsies from nephritis it is possible decoration may save life.

# AMONG The BOOKS

*The Autobiography of a Thief.* "But for the grace of God there goes myself." Such is said to have been the remark of a famous philosopher of the last century as a thief went past to serve his term in the penitentiary. After reading the "Autobiography of a Thief," edited by Hutchins Hapgood (Fox, Duffield & Co., New York), one is apt to feel quite forcibly that had his surroundings been suitable, he, too, might have easily become a denizen of "Graftland." The line which divides the smart and successful business man from the "grafter" is often a fine one; so fine in fact that sometimes the only difference consists in the fact that the former has escaped "doing time" while the latter is familiar with the interior of "stir." It all depends on the view point—and also on whether one gets caught or not. Something, perhaps, depends too, on the style and size of the booty.

Anyway, you cannot read "The Autobiography of a Thief" without realizing that it is an easy and perfectly natural thing for a boy with acute intelligence and boundless ambition to become a "grafter" if it so happened that his fate has caused him to be born in one of the crowded East Side tenements of the Metropolis.

It begins with pennies—and there are plenty of people to teach him how to

take them—goes on to fruit and other light movables, gradually advances, as the boy grows older and needs more "spending money" to stripping "pipe," brass plates, handles and doormats, and ends, while the culprit is yet a child, in "tapping tills."

The progress is easy but rapid. The East-Side boy soon learns to "love" and his inamoratas like the Bowery theater and, like other girls, have a "sweet tooth." To win the fair and gratify her likings requires money. By "grafting" it can be procured and what is more natural than that the boy does "graft." And now comes ambition. That desire to excel, to win, which in the upper world is considered so commendable, here leads the juvenile thief to long to equal those older and more seasoned "crooks" who "hang out" at the corner saloon, and who are pointed out by his pals as "big guns"—"dips" who have "done time" for some notorious crime. Surrounded by every bad and few good influences; comparing, naturally, the luxury in which the "guns" live with the squalid existence of the wage earner, the boy, already a clever "dip" and sneak-thief himself, determines that if he can, he too will do something "big."

He plans and plots, he takes into his confidence some one of the "gang" and makes his "strike." Success attends him

and from that moment the "boy thief" is a criminal by election.

To follow him from this point through his various crimes and intrigues to the period when he first "falls" (get arrested) is, despite one's determination not to be interested, interesting. The division of the spoils with the police, the daily "home life" of the "gun" and his remarkable relations with his fellow men (and women) all these hold the reader and when the narrator is finally locked in his cell at Sing Sing there is decidedly a feeling of sympathy with him in his efforts to get "next" the "underground tunnel" and the inevitable fight against the "screws." Of course we ought not to feel anything but repulsion, but, somehow, as this remarkably clever thief tells his story, we feel that he is intensely a human; a human, "gone wrong" it is true, but even so, there is something which makes one say with a sigh as one lays down the book after following the now aging thief through the horrors of the "mad-house" at Dannemora, "but for the grace of God that might be my story!"

If "the noblest study of mankind is man," then it certainly should be a good thing to know how it is that men become thieves and outcasts. In "The Autobiography of a Thief" the lesson is taught to perfection and one also learns that all the thieves are not in prison and moreover, that all who are in prison are not thieves—and nothing more. We allow that a man may be a thief; after reading this book it is understandable that a thief may also want to be a man.



*Doctor Therne.* We have spoken of the harm done by Sir Conan



Doyle, in depicting his hero, Sherlock Holmes, as amusing his hours of idleness by injecting morphine, which he immediately lays aside whenever he has anything more enlivening on hand. That this false representation is calculated to delude the lay reader, is evident. Looking on the author as a physician, and crediting him therefore with consummate knowledge of all that pertains to the art, it does not occur to the lay reader to doubt that this habit may be indulged and stopped as Doyle describes, by anyone except those abnormal people who form the drug habit in some way not comprehensible to the ordinary man. That every living man and woman is liable to form this habit is of course far beyond the ken of the average reader of such books.

But another novelist of the day has balanced the account, by a book in which he has depicted in a masterly manner the anti-vaccination fad, when carried to its inevitable conclusions and the awful consequences. In "Doctor Therne" Rider Haggard has told the story of a young physician, who in time of stress is befriended by an anti-vaccinator, and is laid under obligations to him. The force of circumstances drives the doctor to advocate this heresy though he does not believe it. It carries him to the pinnacle of popularity, into Parliament and fortune, and this works disastrously upon the cause of vaccination. This is therefore neglected, and in the course of years the accumulation of nonimmune material results in an epidemic of the frightful sort common before the days of Jenner. And among the victims is the doctor's only daughter.

This is a good book to place in the hands of the anti-vaccinator, if he be

Diphtheria: At the slightest sign of coryza, begin washing the nasal mucosa with silver nitrate gr. v to oz. water, every four hours.

Diphtheria: Meet, epistaxis with chromic acid solution, gr. v to oz., increasing to full toleration, repeated at every bleeding.



still within the reach of reason. The art of the novelist will sometimes reach further than the syllogisms of the logician. The publishers are Longmans, Green & Co., and the edition seems to be a cheap one, because the copy by which these notes were prompted cost the editor only twenty-five cents. And he writes this because he believes that, since he had not seen or heard of the work in the five years since it was printed, there are doubtless many others to whom it will be new.

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*A Reference Handbook of the Medical Sciences.* By various writers. New edition, edited by Albert Buck, M. D., Vol. VI, imp. quarto, 1012 pages, 764 engravings, nine full-page plates in black and colors. New York., William Wood & Co.

This comparatively larger volume of the series keeps up in recency, fullness and illustrations, equal to the preceding volumes. There seems to be an especial amount of important articles between Mos and Rye, none of which the publishers were willing to omit. The references to literary sources at the end of each article continue as before in fullness. But scientific progress in our day is ahead of any recent published summary, and so we do not find "Radium" in this volume yet. We have not seen yet any publication for medical reference and for a progressively searching physician, equal at all to this handbook thus far.

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*State Board Examination Series. Anatomy.* Lea Brothers & Co., New York and Philadelphia.

This is the first of a series of handy,

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Diphtheria: The use of really effective local applications applied as advised, gives us better success than claimed for antitoxin,

small-sized booklets, containing questions that are apt to be asked at any state medical examination, founded upon such questions as have been asked in New York and elsewhere. The answers are given by references to standard text-books. The booklet is interleaved with blank writing paper for notes in ink. The one before us is excellently conceived for rehearsal, review and rediscovery, where one's memory has been or is weak.

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*The Utero-Ovarian Artery, or the Genital Vascular Circle.* By Byron Robinson, B. S., M. D. Published by E. H. Colegrove, Chicago, Ill. \$1.00.

The text and numerous illustrations present the most painstaking minute work of the mind and hand during decades of years, and many hours a day. For the anatomist, physiologist, physician and surgeon the work is a mine of information not often had in text-books.

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*Diseases of the Rectum, Anus and Sigmoid Flexure.* By J. M. Mathews, M. D., LL. D. D. Appleton & Co., New York.

This is a volume of 577 pages, on subjects of which the author is both original and yet authoritative. That it is up to the most recent investigations goes without saying, but that the author agrees with them is quite another tune. And whether the reader will agree or not with the author, no one that has a case on hand of these organs or is a specialist in them can afford to neglect to hear what the author has to say in this revised third edition of his well-known work.

Diphtheria: The value of antitoxin has been so well proved that no one has a right to neglect its early use.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

**REPORT:**—"Indurated Spleen." May 15 I wrote you about a case of indurated spleen in a man 83 years of age. You replied that on account of the advanced age you would not be inclined to do much; but advised berberine to the limit, keeping the bowels open with Saline Laxative, and once or twice a week a small dose of podophyllin and calomel, also rubbing in a little Unguentum Credé. I wish to say that I followed out your suggestions and also painted over the spleen several times a day until the skin cracked. And now we have the desired result. The spleen and liver have assumed a normal appearance. The patient was much emaciated and suffered from muscular rheumatism, attributed partially to the same cause. This has not improved. I attribute this to neurasthenia and spinal congestion. There is some incoördination; at times he gets his feet tangled up, and the family have to separate them. He has full and complete control of the upper extremities. The right pupil is double the size of the left and does not respond to light readily. The sight of this eye is the better. He sometimes has visual hallucinations but recognizes them as such. Heart normal, also lungs and digestion, hearty eater, taste weak, never hungry, assimilation defective.

F. B., Indiana.

You are to be congratulated on your success. I would advise now in this case that the bowels be kept clear and aseptic, and push strychnine valerianate to the limit of his tolerance, adding Nuclein about 30 minims a day as a food for the weakened nerve centers.—Ed.

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**REPLY TO QUERIES 3778:**—Give a tablet of Nuclein every two hours, and two half-grain tablets of calcium sulphide every one or two hours, to saturation. Dissolve 10 drops of fl. ext. hydrastis (without alcohol), Merrill's, in half a glass of warm water, use a K. & O. douche and with this solution wash out both nostrils thoroughly before each meal. Gargle the throat with the balance of the solution.

3786 and 3816:—Same directions: two tablets of Nuclein every three hours, and a tablespoonful of Sanguiferin after meals; if disagreeable give it in carbonated water.

3823-4:—Give colchicine to effect. It has given me good satisfaction in more than a dozen cases.

3778:—The directions apply only to calcium sulphide from The Abbott Alkaloidal Company. I have used or tried the product of nearly every prominent

manufacturer in the country, and cannot get right effects from any other kind.

I see you advise giving colchicine gr. 1-134 every hour. I cannot do it and hold my job. One every three hours is as often as I can give it without poisonous effects.

JNO. D. KEELY, M. D.  
Westville, Ind.

As colchicine acts in about twelve hours, it seems that the ordinary intensive form of administration is not suited to this drug. Give it at bedtime, beginning with one to three granules, and increase till you get a distinct effect on the bowels in the morning.—Ed.

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### QUERIES.

QUERY 3899:—"Electricity." Please recommend some work on galvanic and faradic electricity. Also please give your best treatment for goiter.

T. H., Mississippi.

We would recommend "Electro-Therapeutical Practice," by Neiswanger, McIntosh's Battery Co., Chicago. This is the best work of the kind for the general practitioner.

For goiter apply ichthyol and iodine, one part of the latter to ten of the former, and apply negative electrode of galvanic current. Add to each ounce of this compound an ounce of glycerin and keep a piece of gauze soaked with this *in situ*. Give internally two grains of iodized calcium t. i. d., and obtain from some of the large homeopathic houses—Boericke and Tafel of Chicago and New York are good—five hundred tablets of phytolacca juice and give three before meals, increasing to five. Please let the CLINIC know with what success you meet. If we can help you further, command us.—Ed.

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QUERY 3900:—"Tapeworm." Please send me directions for giving tapeworm remedy to a little girl of 7 and how long will it keep?

M. M., Oklahoma.

To a child seven years old give one-half the contents of the bottle of Tape

Worm Remedy following the next day with the rest if needed. It will keep forever.—Ed.

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QUERY 3901:—"Torpid liver." Man, 66, been the rounds; at Hot Springs was forbidden bathing on account of weakness; is stout, strong, of full habit; for many years had bad digestion and torpid liver; grip last year left liver still worse, greatly enlarged and constant sense of fullness in right side; tenderness at lower end of liver, great pain at hepatic flexure of colon; very costive, responds temporarily to mercury, stomach and bowels distended with gas causing much dyspnea, intestinal indigestion, anorexia, eyes yellow; urine shows no albumin, no sugar, excess of uric acid; heart weak, no organic disease, treated for perihepatitis, uric acid, intestinal indigestion, rheumatism, and gout, had severe gout six years ago; all the usual remedies depressed him and hurt the stomach. The dyspnea and flatulence are the disturbing symptoms.

C. A. O., Texas.

This man should have boldine two granules before meals and at bedtime to act on his liver, increased if necessary, and berberine gr. 1-6 four times a day to contract the connective tissues and give tone to the stomach and bowels. A sufficiency of Anticonstipation granules should regulate his bowels. If the flatulence continues in spite of this add physostigmine salicylate gr. 1-250 four

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Diphtheria: Use antitoxin at once, even in suspected cases, and as a prophylactic; but do not neglect local means.

Diphtheria: Even if antitoxin be used it is not well for the child to absorb poison from the fetid mass in throat and nose,

times a day. The best heart tonic in his case should be sparteine gr. 1-6 four times a day. The diet should be nutritious, easily digested, containing an abundance of fruit juices, and a moderate amount of nitrogen, best in the form of eggs, fish, oysters and milk. His exercise should have careful arrangement so as to get the most possible without fatigue. The use of liquids should also be carefully suited to his condition. Possibly an artificial digestant like hydrochloric acid may be needed. Sponging with hot salt water from head to foot every day, followed by brisk rubbing, would be beneficial. This leaves the most important question undecided, which is the nature of the enlargement of the liver. I am not prepared to pronounce upon this without a personal examination.—Ed.

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QUERY 3902: — "Pelvic Disease." Maid, 32, 4 feet 9 inches high, weighs 90 pounds, was well and working hard till 18, then was drenched while menstruating. Flow stopped, fever developed, termed nervous fever by physician, lasted three months. During this illness persistent vomiting set in, culminating in hematemesis during three weeks. The blood vomited was dark, even black. Treated for gastric cancer (!). Finally got better but not well; vomiting continued but less persistent; menstruation reappeared, every two or three weeks for several years. During this time a tumor developed in the left side, causing pain. She went to a hospital, and the *right* ovary was removed. This was 8 years ago. After the operation she was very low, the wound discharging for months, but recovered enough to be around some. Then the emesis got worse. The tumor in the left side being still there. Three years ago she went to a hospital and was operated upon, the left ovary and ovarian

tumor being removed. She recovered sufficiently to do light housework, but the emesis stayed with her as before. Two years ago she came under my care.

Present condition:—Very much emaciated, very easily tired, constant frontal headache, never hungry, tongue always clean and of good color, slightly anemic, bowels move well, can retain scarcely anything on stomach, no digestion whatever, a little bit of bread crust swallowed at supper comes up undigested in the morning; quite small quantity of semi-solid food causes heaviness, fullness and some pain in stomach, only relieved by vomiting. If she happens to pass this over she is liable to very severe cramp colic extending over the whole abdomen, mainly in the lower part, occasionally over the transverse colon, the abdominal muscles becoming as hard and unyielding as a board.

These attacks have yielded so far to a hypodermic of morphine gr. 1-4 and atropine gr. 1-150, chloroform inhalations, and hyoscyamine, strychnine and glonoin, or atropine, frequently repeated. When such an attack comes on the headache becomes very severe, and she turns icy cold all over except the head. She may occasionally be free for several weeks.

Diagnosis:—Nervous dyspepsia, of ovarian origin, or reflex?

Treatment:—Started with Manganese Comp., silver, Triple Arsenates, and chlorine water. Then cocaine gr. 1-20 before and Peptenzym after meals, and copper arsenite gr. 1-250 every two hours. Enemas of Crab Orchard salt solution. Anticonstipation granules. Later, Nuclein. Stopped food *per os* entirely for some time, and nourished her by enemas of broth, milk, eggs, with Bovinine.

All without lasting effect. Stopped treatment for several months; last April began again: Juglandin gr. 1-6 every 3 hours, podophyllin gr. 1-20, leptandrin, euonymin, aa. gr. 1-6, hydrastis gr. 1-2 before and iodoform gr. 1-67 two granules after meals; and a liver pill on

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Diphtheria: It is an object lesson to see the improvement when the nose and throat have been rendered clean "surgically."

Diphtheria: An old woman in Paris beat all the doctors till they sent to see what she used. It was silver nitrate!

going to bed. After some days replaced podophyllin, etc., powders by Caroid tablets and brucine gr. 6-134 at bedtime.

Improvement is only temporary.

Having given you as complete a description as I possibly can, I ask your kind assistance. Can anything be done yet, to make life bearable for this poor patient?

I add my sincerest thanks for all the good and valuable information I have obtained through the CLINICS.

B. C., Missouri.

I have read this case with deep interest. It is an unusual one, and in treating it I think we will have to begin with our cardinal principles. First, what is the condition of the pelvis? If there are inflammatory exudates there, causing reflexes and hindering bowel action, she should be treated with Euarol applied to the endometrium and vaginal tampons saturated with Ichthyol and glycerin; this treatment persistently employed for a month. Next, regulate the bowels, which will probably require colonic flushing and Saline Laxative, with perhaps a few Sulphur Compound tablets. Third, see whether elimination by the kidneys is up to the mark, and if not, suitable remedies should be employed to bring it up, or absolutely no impression whatever can be made upon the stomach. Fourth, limit the food to raw white of egg, hot milk, fresh fruit juices, clear strained soups and coffee, to be taken in small quantities every two hours, with a fair dose of hydrochloric acid and pepsin, or of Caroid, and preceded by a gastric sedative, either iodoform or bismuth subnitrate, or the Compound Manganese tablet of our list. The tonic medication had better consist of daily inunctions of hot goose-grease. I think clam broth might prove an acceptable food and a

gastric sedative as well. Possibly inunction over the pelvis with Crede's colloid silver would be advisable, but this would depend on the bacteriologic examination of the vaginal discharge.

The old Adam is strong enough in us to prompt the remark that there is something beautiful in the precision of surgery; that nothing but surgical treatment is to be considered in dealing with pelvic cases; and the man who says that this case could have been cured at the outset within 24 hours by the use of one single alkaloid, is evidently hopelessly unscientific and out of harmony with modern science.

So much the worse for modern science.

Ed.

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QUERY 3903:—"Formulas wanted." What are the formulas of "Kunko" and "Olivio," advertised among the Germans and Scandinavians and made by Peter Fahrney of Chicago?

J. A. E., Massachusetts.

If any of our readers are aware of the formulas we will be glad to publish them.—Ed.

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QUERY 3904:—"Opium Habit." Man, 70, chronic diarrhea, acquired opium habit ten years ago and used laudanum up to 3 oz., daily until three months ago, when treated by a physician who gave him morphine instead, and now he is taking gr.  $\frac{1}{4}$  three to five times daily as needed to relieve pain in limbs; has indigestion and bloating but neither salines nor chlorine seem to help him; little bladder trouble but not serious, heart and lungs in good condition.

J. L. C., Oklahoma.

It is by no means an easy thing to stop the use of opiates in a man of that age, when they have been taken so long. Be-

Diphtheria: Do not make a mistake about antitoxin. The evidence is overwhelmingly in its favor. It is not carbolic acid does good.

Diphtheria: Begin early with calcium sulphide and carry it to full saturation and hold it there till danger is past.



sides this when you stop the morphine no other remedy seems to have much effect unless you persevere. However, here is your treatment: A morning dose of Saline Laxative with a daily colonic flushing, using a weak solution of zinc sulphocarbolate in the water; two Intestinal Antiseptic tablets before each meal and at bedtime; strychnine valerianate gr. 1-20 as often as necessary to keep him toned up. The pains in the legs and twitching of the muscles are autotoxemia and indicate the need of clearing the bowels and rendering them aseptic.—Ed.

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QUERY 3905:—"Obesity." I certainly hope your obesity cure proves as great a boon to fat people as your constipation granules have proven in my hands to constipated women.

J. S., Ontario.

The obesity cure is a dandy. It makes fat people thin, and it does this without in any way injuring their health. Let us give you a little hint as regards the treatment of these cases: Make your patient provide himself or herself with four ounces each of effervescent Kissengen and Vichy salts (you will find this made by Parke, Davis & Co., or Wyeth, satisfactory), and tell them to take a heaping teaspoonful of the salts in a glass of water upon rising in the morning. The salts should be alternated, and continued for at least a month. If you will add this to the A. A. Co.'s Obesity Tablet, using the latter in full dosage, we are positive that you will have all the fat women of the country coming in procession to your office "to be made over."

Nobody likes to be "fat" and when the

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Diphtheria: Sulphur locally meant sulphurous acid, meagerly and uncertainly as to dosage. Use the acid itself.

doctor is able to handle these cases with success and at the same time with comfort to his patient his reputation grows rapidly. *Cito, tuto et jucunde* wins.—Ed.

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QUERY 3906:—"Arthritis Deformans." My wife, 28, one child, has had arthritis deformans since the fifth month of her pregnancy four years ago. At various times every movable joint in her body has been affected. It has now been in both knee joints since January, 1902. General health fair, emaciated, some atrophy of all muscles, appetite capricious, bowels regular, has curious attacks simulating cerebral hemorrhages, some fibrillary twitching in thigh muscles, also attacks like sciatica.

G. L., Michigan.

Is there a possibility of gonorrheal infection? If so, saturate with calcium and arsenic sulphides.

I take the liberty of sending you herewith a copy of American Alkalometry, Volume II, containing an article by Prof. J. D. Craig. It is the most valuable thing on the treatment of this affection I have ever met. If you do not want the book send it back; but as it is your wife and the textbook treatment of this affection is absolutely worthless, I think you will be glad I have taken this liberty.—Ed.

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QUERY 3907:—"Cardiac Aneurism." Farmer, 35, neurotic heredity, while lifting ice last winter was strained; short of breath, improved on strychnine; worked till May 1, when he had severe dyspnea and cardiac pain; in an attack was livid, staring eyes, pulse 60 to 150 and back, thrice a minute; when at 150 he leaned forward, eyes bulging, valve sounds single and spasmodic; heart slightly enlarged, no murmurs, first slightly harsh or rough, apex beat not de-

Diphtheria: No agent locally will avail unless used strong enough and often enough to come with the disease.

finely, aortic clear and ringing, face pale, lower eyelids oedematous; kidneys act well, no albumin, some flatulence, digestion poor, some gastric pain. Very easily affected by glonoin, says it makes heart quick. The worst symptom is the dyspnea, which resists all remedies. It is absent on waking but increases all day, as bad with pulse at 66 as when faster. No improvement when in bed. Did best on nux, diastase and bismuth, with Anticonstipation granules.

J. R. T., South Dakota.

This is a singular case. Suppose you take up the hypothesis of cardiac aneurism, and see whether it fits the symptoms. As to treatment I would approve of the Anticonstipation granules, and would advise a diet of small bulk but nutritious and easily digested food. Reduce the amount of liquid he takes to the minimum. Rest, quiet and aspidospermine a granule every hour, increased or diminished as per effect. To combat the neurotic tendency, you might add to this cypripedin one to five granules every hour. This is all I would advise at the present, although another indication would be furnished by the tension of the pulse. If this is feeble give berberine, grain 1-6 every four hours, increased to every hour if necessary, and this I judge to be needed; but if the pulse is tense keep it relaxed with veratrine. Since glonoin acts unpleasantly it is probable that berberine is needed.

Ed.

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QUERY 3908:—"Diastase in Typhoid." Have any of your readers had any experience with Forbes' Diastase added to milk in the treatment of typhoid fever?

H. R. P., New York.

Diastase digests carbohydrates, starch, sugar and fat; or rather it starts up the

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Diphtheria: Pot. chlor. HCl, each a dram; mix, add, tr. iron 2 dr.; then water to 4 oz. Dose, a dr. undiluted every 2 hours, to child.

digestion of these articles when the natural digestion is indisposed to go to work. Diastase acts only in an alkaline medium and hence should be given only at the beginning of a meal. It is doubtful if there would ever be room for this agent if people chewed their food thoroughly instead of washing it down with iced drinks.—Ed.

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QUERY 3909:—"Compatibility." Are colchicine and potassium iodide compatible? If so, can they be combined to advantage in the treatment of rheumatism and allied affections? Should they be combined in the same prescription or administered at different intervals?

E. T. B., Vermont.

Colchicine and potassium iodide are compatible, but it is better to administer them in alternation. In fact, as colchicine requires twelve hours to develop its action I give it in a single dose at bedtime, but the iodide is better in multiple doses.—Ed. ●

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QUERY 3910:—"Convulsions." I received a copy of the "Helpful Hints," and have used and profited by many of its suggestions.

I saw a case of convulsions last night; child, had very high fever; fixed up hyoscyamine and aconitine in the same glass, according to Shaller's rule, gave one dose and in half an hour intended to give another but we found the pupils widely dilated, so withheld the medicine. Why so rapid a change?

J. W. E., South Dakota.

Some children are remarkably susceptible to the action of the mydriatics, especially flaxen blondes. I would not have given hyoscyamine in a case with high fever, but veratrine, more effective and safer.—Ed.

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Diphtheria: Make the toilet of the nasopharynx just once and you will never again decry local treatment.

QUERY 3911:—"Duodenitis." I need your advice, for myself this time, and need it badly in order to enable me to regain my health as far as possible.

I am just forty years of age. For over a year now I feel nearly always more or less tired, at times there is some aching in my arms and legs, and on movements of my body such as bending forward some degree of pain, more or less, is felt in the region of the lumbar vertebræ, apparently located in the muscles or tendinous sheaths. It takes a special effort of my will power to make me work when there is no immediate pressure. I feel somewhat weak, my memory is unfavorably affected. I have lost about 15 pounds in weight. My tongue is constantly coated and at times heavily coated. Appetite is fair, bowels are regular.

A similar train of symptoms but of a severer degree came on occasionally some years back, and was easily relieved by some prescription containing calomel, but since last year when I took a post-graduate course in the East the symptoms just described set in and were relieved partially only after my return home, when I concluded to give the sulphocarbolates a thorough trial. But even they avail me but little now.

Diet rich in carbohydrates or containing much sugar, or perhaps a glass of malt liquor, aggravate all symptoms, while light work in the fresh air—such as I cannot indulge in while in busy practice—or rides in the buggy or on horseback seem beneficial. Whenever for a short time my tongue cleans up the symptoms improve or disappear even, but the least slight cause will bring back the coating to the tongue and all the symptoms just referred to.

While east the stomach contents were examined after a test breakfast and found to be normal, the specialist believed that the stomach did not empty its contents sufficiently fast. He advised me to take a lay off in the shape of a hunting trip before going back to my work, but circumstances prevented

me from carrying out his advice. My urine was found to be free from albumin or sugar but contained a trace of indican. My blood was said to be normal, but the mucous membranes of the eye suggest some anemia. Since returning home from my eastern trip I have noticed that the temporal arteries describe the well-known curved lines, not very visible as yet.

My mother is living and enjoying fair health. My father died many years ago from a severe attack of some contagious disease. My brothers are all alive, but one suffers from severe neurasthenic symptoms following exhaustive mental work and strain.

I have always enjoyed good health. I have worked exceedingly hard, too hard I know, for the last dozen years, trying to attend to other things besides practice in order to work myself up financially, being located in a region of country poor rather than rich, and having a family to support and to bring up. I have always worried a great deal over my difficult cases, the responsibility of a medical adviser often being a heavy burden upon me. I use tobacco moderately, and abstain almost entirely from alcoholics.

My present weight is 145 pounds.

H. R. G., South Dakota.

The report on the specimen of urine is significant, showing deficient excretion of solids, with the presence of bile and oxalates. The treatment should, therefore, be directed to the duodenum.

Take one granule of boldine, gr. 1-67, sodium succinate five grains, and dioscorein gr. 5-6, before each meal and on going to bed. This should be continued for six months, or until all duodenal disease has subsided. The open air exercise and rest advised I believe absolutely necessary to save you from chronic invalidism. Don't you really think, Doctor, that you can afford to take it a little easy? At your age you



Dropsy: The removal of the effusion is not so good practice as the restoration of the blood by food and tonics.

Dropsy: If due to hydremia, give lime, iron and quinine, with rich food and let the effusion alone, to prolong life.

must be qualified and ready to work yourself into an office practice or a specialty, which will make you footfree one week out of every month. Why don't you take up this Betz proposition of electricity, hot air and x-ray work, which pays such big profits, and would enable you to do as I have suggested?—Ed.

✽

QUERY 3912:—"Enuresis." I have a case of incontinence of urine that has baffled all treatment. Girl, 24, will have to give up occupation of teaching if not relieved.

J. W. W., Iowa.

If the trouble depends on irritability of the bladder, examine the urine for oxalates, and if present cure that trouble. It may depend on ascarides. Euarol subdues vesic irritability. Wash the colon out with warm boric acid solution and then throw a dram of Euarol into the bladder, and leave it until it comes away naturally. If the trouble is simply leakage you will reach it by cantharidin gr. 1-5000 every hour until slight vesical irritation is manifested.—Ed.

✽

QUERY 3913:—"Epilepsy?" Girl, 3, has dizzy spells, suddenly runs to mother and if not at once supported falls; does not seem to lose consciousness, spell lasts only a few seconds, sometimes followed by sleep. Began six months ago; more frequent and severe; now every day or two; irritable before one comes; pulse fast, regular and strong; otherwise well.

L. S. W., Kansas.

The child's attacks are becoming epileptic. Keep her bowels clear and aseptic and begin by treating her for



Dropsy: Evacuants of all sorts temporarily diminish the effusion, but cost more in strength than they gain.

worms. Give the granules called "worm remover," two at bedtime, and one every three hours during the day. An occasional dose of calomel will aid matters greatly. Leave out salt from her food as closely as possible. If this should fail hold verbenin in reserve as the next thing for use.—Ed.

✽

QUERY 3914:—"Hay Fever." I have use for a preventive of hay fever, to be taken some weeks before the expected attack. What shall it be?

D. A. C., Iowa.

One of the best preventatives for hay fever is colchicine, especially if the patient is plethoric or uricemic. Let the patient take a granule at bedtime, increasing it until a dose is reached that acts evidently upon the bowels. Plenty of water should be drunk and the diet limited as to nitrogenous foods as hay fever only occurs in uricemic persons. Debilitated cases should be treated with strychnine arsenate pushed to the limit. Various solutions for local effect will be found in the ad pages.

✽

QUERY 3915:—"Headache." Left-sided headache begins at 3 a. m. after a sleepless night, pulse rapid, throbbing in right ear; patient 47, probably approaching menopause, very nervous and trembly; when she has a nervous attack a fine red rash appears on face, pricking and burning; skin clear till past year.

E. J. W., Michigan.

We get tired writing the words "auto-toxemia," but they have to be written as long as they express the situation. Now the presence of such a rash indicates irritation of the skin; and what irritates it? Toxic matters being excreted there

Dropsy: The young doctor tries to get rid of the dropsy; the old one tries to prolong life by food and tonics.

instead of through the liver or kidneys. Whence comes the toxin? From the bowels, the tissues, collections of pus or other debris, or from foul air possibly. The kidneys may be derelict in eliminating, and the toxins naturally formed in the body accumulate. Or there may be a collection of putrid matter in the alimentary canal, from which a constant flood of poison enters the blood. In all cases of disease, look first to three conditions—nutrition, elimination and infection. There is not much left. In all headaches see that the eyes are right or fitted with glasses; then take up the above questions. Don't get into the lazy habit of giving remedies for headache only, without finding first why the headaches. Anyone can buy a headache powder from the druggist; the doctor has a much more important duty to perform. The ache may be an endeavor of Nature to call attention to a suffering kidney, or an impacted bowel.—Ed.

✽

QUERY 3916:—"Headache." Mother, 41, ailing for 10 years, has periodic headaches, beginning over left orbit, then in six or eight hours shifting to right; very bilious and stomach weak but this is better. Headaches recur every week or two; have been cleaning her out good, and put her on Bromidia and Celery Compound, with Saline Laxative night and morning.

A. E. S., Missouri.

Keep up the clearing out, and give her veratrine gr. 1-134, three granules at bedtime, gradually raising the dose till it acts just enough on the bowels, or nauseates. Her eyes may need attention. If you have reason to suspect malaria add quinine arsenate a grain a day, to the above.—Ed.

QUERY 3917:—"Hysteria." I have a case of hysteria that has baffled all the doctors here. Girl of 18 years.

J. D. T., Tennessee.

I suggest two remedies for your hysteric case and a little bunch of advice in addition. First, a tube of hypodermic tablets of apomorphine. One of these injected hypodermically will stop any hysteria. The second is cypripedin, gr. 1-6. Let the girl take five granules before meals and at bedtime until a thousand have been taken. The advice is that you go over her case and her body thoroughly until you find the cause of the hysteria, which may be physical, mental or moral.—Ed.

✽

QUERY 3918:—"Intestinal Ulcer." Mother, 39, had diarrhea for 20 years, from measles; every two weeks she passes much blood with stools, for five days; faints, and then passes much clear urine; relieved of this began with nervous spells, but all is relieved except the bowel. Is four months pregnant, and the old symptoms are returning.

W. L. B., Tennessee.

This patient has ulceration of the bowels, which you can cure by the following treatment: Flush the colon three times a week with warm water containing ten grains of zinc sulphocarbonate to the pint. Put her upon the exclusive milk diet. Give her juglandin grain 1-6, iodoform grain  $\frac{1}{2}$ , copper arsenite grain 1-250, and one Intestinal Antiseptic tablet, every two hours while awake. You will find full details as to the milk diet in the "Treatment of the Sick." If you haven't it, you cannot get it too quickly.—Ed.

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Dropsy: In heart, old age, hydremia, anemia, convalescence and debility, use the heart tonics, singly or combined.

Dropsy: It is better to use the heart tonics from weak to strong and usual doses, adding another tonic when one weakens.



QUERY 3919:—"Syphilis." A man consulted me about neuralgia of the side of the head, one eye at times, then in the back of the head, through to forehead, worse at night; red lump in glans, no sore, better after a month's treatment; then a moist eruption came on the prepuce, with swelling, extended to scrotum, starting as a bleb, extending in a circle, falls off leaving skin thick, excessive burning preventing sleep, an eye is inflamed much, mustache is falling out.

A. T. N., South Carolina.

The symptoms in this case certainly point strongly to syphilis, and I should at once put him upon mercury and arsenic iodides, with phytolaccin and iodoform, and push them up to full dosage.—Ed.

✽

QUERY 3920:—"Leg Ulcer." Woman, 48, three months ago left leg began to itch, over tibia; small red spot appeared, enlarged and hardened, now 2 inches broad, very dark red, almost bluish, induration surrounding, occasional sharp pain, no inflammation, very little swelling, covered with raised lumps; two ulcers appeared at the edge, gradually enlarging, no swelling of glands; at times a burning sensation in leg; has passed menopause.

L. S. W., Kansas.

It looks like a local tuberculosis from here, but there may be some parasite at work. Open the lumps, curette, pack with iodoform gauze, give echinacea in full doses, and attend to the digestion. You may need Nuclein to vitalize. Or possibly this is a late manifestation of syphilis, and the combination of iodoform, mercury and arsenic iodides, and phytolaccin, so often advised, would meet the needs.—Ed.

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Dropsy: When cactus wears out, use spar-teine; then digitalin; then strychnine; then add a second and third drug.

QUERY 3921:—"Malaria." I am having considerable trouble with a few cases of malarial poisoning which will not yield to quinine and iron. Probably the arsenate may prove more beneficial.

A. C. C., Pennsylvania.

Put your malarial patients on the Triple Arsenates with Nuclein, adding 1 or 2 granules of quinine hydroferrocyanide gr. 1-67, if they do not yield promptly to the first suggested treatment. Also use Salithia in laxative doses every morning.—Ed.

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QUERY 3922:—"Malaria." What is your opinion on the hypodermic use of quinine arsenate? I have been giving gr. 1-12 internally every three hours to prevent the return of malarial paroxysms, and find it very reliable, although the test has not been sufficient to determine its limitations. How much may be given with benefit? Have you known of toxic effects from it? If it can be used hypodermically and is effective in the doses named it will be a great improvement in the treatment of malarial fevers. Something should be added to effect complete solution in water, as there is an undissolved residue that settles slowly to the bottom of the test tube.

R. L. M., Texas.

I have never used quinine arsenate hypodermically, nor have I known of its being used so. I have never exceeded one grain a day. The Abbott Company makes granules containing 1-6 of a grain each, which I usually give to adults one every two hours, dropping down to the weaker granules when the case is well under control. I never knew of a case of poisoning by it. The reports we are receiving from the South indicate that one grain of this salt equals 15 grains of the sulphate. Merck says

Diphtheria: A full dose of atropine given at the start may abort the exudation; gr. 1-67 for an adult, child in ratio.

it is soluble in hot water, and gives  $\frac{1}{8}$  grain as the maximum single dose.

I hope you will let us hear from you as to the results of your use of this valuable salt.—Ed.

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QUERY 3923:—"Malaria." Girl, 24, has malaria. Quinine has reduced fever, leaving her very weak.

B. J. P., Ohio.

Give your malaria case firstly a Hepatic Eclectic tablet at bedtime; second, Saline Laxative in the morning enough to empty the bowels; third, Intestinal Antiseptic tablets enough to do the work, about seven a day; fourth, berberine about a grain a day to contract the spleen; and fifth, the Triple Arsenates with Nuclein to kill the remaining parasites and restore the vital forces.—Ed.

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QUERY 3924:—"Morphine habit." In your discussion of the morphine habit in the CLINIC in 1897 you concluded by saying that you would have something further to say concerning the treatment and causes of relapse. If you have done so where can the matter be found? On asking a patient in the throes of withdrawal how he felt, he responded: "Hell is a roof garden with the band playing, and the girls all singing, compared with the way I feel; but I am going to stick it out."

Something should be done to protect the public from the advertising fakirs who cure the morphine habit "while you wait." We have a physician here—Heaven save the mark—who treats alcohol habit with "Peruna," alternated with Vin Mariani. Get after the druggists and department stores who toss out "patents" loaded with alcohol, cocaine, morphine, etc.

T. J. M., New York.

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Diphtheria: Atropine sustains the heart, and is especially indicated when throat and tonsils are acutely inflamed and swollen.

The articles on morphine published in the CLINIC were reprinted in a pamphlet which is sent on receipt of ten cents. So far as our studies of twenty years are concerned, the whole subject is covered in this little booklet, and the treatment therein described answers every need. The book is not for lay readers. It is put at a nominal price; and if anyone wants it he can get it by saying so as long as the supply lasts. We published it simply to supply the profession with a means of treating these unfortunates without resorting to secret and dangerous methods. What you say of the work of the fakir is an open secret the land over. Let some of our reformers take hold of this that is worth their while.—Ed.

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QUERY 3925:—"Morphine Habit." Woman, 50, has had neuralgia and sick headache since childhood; of head, stomach, chest and bowels; attacks frequent, only relieved by large doses of morphine; has become addicted. Is easily exhausted, good appetite, constipated, skin dark, menses painful. Will anything take the place of the morphine?

L. B., Missouri.

The case requires a careful study as to the conditions underlying the neuralgia, uricemia, autotoxemia, renal incompetence, etc. When every source of trouble is found and removed, the neuralgia habit is best met by a galvanic battery of about five cells. Let her use this every time the pain occurs, and as fast as it recurs, till after fifty or more applications the attack is worn out. Next time it will take but thirty applications; the next but twenty, and so on till cured.

Diphtheria: Mercury bichloride has been given in maximal doses, gr. 1-32 to 1-8 repeated often to full effect.

But you can not do anything with this patient until you cure her of the morphine habit. After that it is a matter of elimination.—Ed.

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QUERY 3926:—"Neurasthenia." Lady, 72, highly nervous temperament, had grip last March, since a nervous wreck. Can neither sit, lie nor stand at times; much gas in stomach and bowels, dull ache, constipated, evacuation causes paroxysms of extreme nervousness, without pain. Nerves in a tingle, sometimes preventing sleep; have made no headway in three weeks.

J. W. E., South Dakota.

Give her a heaping teaspoonful of Salithia in a full glass of cold water an hour before each meal, to free the bowels; for the nervousness cicutine hydrobromate gr. 1-67 to 3-67 every hour as needed; populin gr. 1-6 or more before each meal as a tonic, which we believe will be specially suitable for her case. Wash out the colon twice a week with warm saline solution. The flatulence will be relieved by physostigmine three doses gr. 1-250 each, daily. At her age the poison of grip is peculiarly dangerous as lowering vitality, and ten minims of Nuclein solution three times a day, dropped on the tongue, will counteract this admirably.—Ed.

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QUERY 3927:—"Obesity." Woman, 28, married 8 years but no children, gained weight rapidly the last 5 years; uterus engorged, systolic murmur over apex but compensation perfect; think she could take the Anti-obesity tablets with strychnine added; uterus being treated; is anxious to bear child but thinks obesity a bar; will the heart disease contraindicate the treatment?

A. S., Arkansas.

Nothing in your description of this case goes to show that the obesity tab-

lets are not indicated, and if the directions are followed carefully all her ailments should be remedied thereby. If you find them inclined to depress the heart you can easily add a little heart tonic; but the reduction of weight by the deprivation of liquids is the very best treatment for the heart which can be devised.—Ed.

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QUERY 3928:—"Paralysis?" July 4 at 8 a. m. I was called to see a man who ran a restaurant. He was lying partly dressed on the bed, apparently asleep. When addressed he looked up as anyone would when aroused from sleep. Said his head ached and felt badly; left him a headache tablet and calomel gr.  $\frac{1}{8}$  and Saline Laxative, and told him to lie back and go to sleep; and thought he would be all right in a few hours. There was no fever, pulse normal. At 10 a. m. I looked in and saw him lying on his right side, to all appearances asleep. I did not wake him then. Called at 2 p. m.; said they had to waken him, he seemed a little dull, but answered when addressed.

Called hurriedly at 2:30 p. m., found him supported in bed, breathing labored, 8 per minute, eyes wide open and set, unconscious, cold clammy sweat from head to foot, quick and flighty pulse; and he remained in this condition till about twenty minutes before his death, which occurred at 4 p. m., when he had a hard convulsion, but only one. Had given hypo of strychnine and glonoin. The pupils had been normal though dull until the spasm, when they dilated to the full extent but returned to normal as death approached.

He had been a hard drinker and was just recovering from a bad case of gonorrhea. The autopsy showed a large liver, heart slightly enlarged, lungs normal; worked hard till day before death. What killed him?

W. A. T., Illinois.

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Diphtheria: Calomel has been advised in doses of gr. xx and repeated every hour till green stools appear.

Diphtheria: Give calcium sulphide, a grain every half-hour to a child, till the breath or skin smell of the drug, or it sickens.

It is a pity there was no examination of the brain and the kidneys. Possibly a serous effusion in the brain.—Ed.

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QUERY 3929:—"Pruritus Pedi." Man, 57, hearty, good eater, uses no alcohol or tobacco, had chancre 15 years ago; for two years annoyed by itching feet and ankles, weeping and then drying up, alternating every few days; worse in summer, treated for six months for syphilis; KI up to an ounce in 24 hours with little benefit; now on blue mass gr. xxx a day; no salivation, bowels move once of twice a day, palms of hands skinned, no sores but itched some.

M. N. S., Pennsylvania.

This patient may be uricemic. Cut down his allowance of meat to his needs, and insist on a large daily use of fresh vegetables and fruit.

Let your patient wash his feet in warm water and then paint the affected surface lightly with creolin. After one minute wash it off with a little stronger alcohol. Let this be done every day. I think that this is not a syphilitic affection, but you will not go wrong in giving him phytolaccin internally three granules before each meal and on going to bed. Syphilitic affections do not itch. The same treatment can be applied to the palms of the hands.—Ed.

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QUERY 3930:—"Rheumatism." Girl, 24, slight but good color, had rheumatism two years ago, several joints affected, in bed two weeks; has never left her entirely, invalid ever since; wrists and hands now painful, sometimes swollen, knees also at times, breath very foul except when taking large doses of sulphocarbolates, stools now healthy,

urine normal, in bed mostly, takes 40 to 200 grains a day of sulphocarbolates to keep breath sweet. A. F. F., Quebec.

Begin by regulating the diet along the lines of uricacidemia. Shut down strictly on meats and sugar as well as coffee. Feed the girl on fruits and vegetables but no acids of any description. If you give her lemonade or orangeade neutralize with soda. Let her take one grain of pure salicylic acid every hour while awake. Regulate her bowels by an Eclectic Hepatic tablet in the evening and a generous dose of Salithia in the morning, and still further by the use of one Buckley's Sulphur Compound tablet every two hours during the day. If the salicylic acid affects her I would rather you make the dose  $\frac{1}{2}$  grain every hour than one grain every two hours, hoping to prevent fermentation by having a trace of the acid always present in the stomach and bowels. Let her wear wool next the skin, no matter how hot the weather, and if certain joints are obstinately affected cover them with flannel saturated with cod-liver oil, and cover this with an oiled silk cap, pouring in a few drops of oil occasionally as it is absorbed into the tissues.—Ed.

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QUERY 3931:—"Swamp-root?" Farmer, 48, has been taking Kilmer's Swamp-root since last winter; has all the symptoms of a cocaine fiend when without it. He is temperate, uses neither narcotics nor tobacco. What does this contain?

E. P. C., Kansas.

We have no analysis of this preparation at hand. If any reader has one we will be glad to hear of it.—Ed.

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Diphtheria: Probably the most effective systemic treatment is by calcium sulphide pushed to saturation and held there.

The most useful drug heretofore in the shock of burns was opium: to-day we find passiflora even better. Large dosage.

## NEWS, NOTES AND NOTIONS

These items are mainly condensations from the current medical press. We give them as we get them, and in as few words as possible.

Dr. W. F. Sterman has disposed of his practice in Winterset, Iowa, and removed to Omaha, Nebr., which is a good thing for the people of Omaha.

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In the *Medical Council* Dr. Heartsill calls attention to the value of chaparral, a small thorny bush growing in Texas, as a local remedy for eczema and other skin affections.

✽

A physician who speaks German can step into a good practice in Texas, with an old doctor who is retiring on account of failing sight. Write to Dr. W. C. Dixon, Gay Hill, Tex.

✽

In a report from the missionary establishment at Quiché, Guatemala, we note the following very complimentary expression: "Many of the remedies used in our daily work cannot be obtained in this country. We have found from experience that the products of The Abbott Alkaloidal Company, are the purest and most trustworthy obtainable." Our acknowledgments are due Dr. Secord for his kindly appreciation.

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The National Educational Association asks the public to join it in simplifying the spelling of English words by adopting the following: Tho, altho, thoro, thorofare, thru, thruout, program, catalog, decalog, pedagog, prolog and demagog. As to the last, we will all agree that the less of him the better. The

change has been advocated by our friend Taylor of *The Medical World* for some years. It is in every way desirable, and the only obstacle is the conservatism that dislikes to see spelling to which we are unaccustomed. When our readers signify their desire for the change they can have it. At present they have almost unanimously advised against it—at least those who have mentioned the matter at all have opposed it. But as one grows accustomed to it this feeling wears off.

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To obviate the difficulties in the way of applying tar, a preparation has been devised known as Empyroform. It is a condensation product of tar and formaldehyde. It is a dry powder, with slight odor, not resembling tar, and gives off formaldehyde when heated. Used in vaselin ointments up to 20 per cent, or combined with starch, zinc oxide, talc, and other substances, Empyroform has given good results in various cutaneous affections. A varnish has also proved useful, made of 5 to 10 parts Empyroform and 50 each of chloroform and tincture of benzoin. For pruritus especially Empyroform has proved effective. Even persons who cannot bear the application of tar bear the new agent with impunity. It is made by Schering, which is sufficient warrant of its excellence to those who know the house; and can be obtained from Schering & Glatz, New York City.



Dr. J. M. Evans recommends jaborandi for croup and stridulous breathing. From two to four doses of the remedy give relief, after which it is to be continued less frequently and in smaller doses. He gives 12 grains with 6 of ipecac every 25 minutes.

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The bulletins of the Chicago Health Office recall attention to the danger of administering chloroform to patients in a sitting posture. The heart shares in the muscular paralysis induced by chloroform, and the labor of propelling the blood up to the brain may be the thing it cannot do.

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The annual meeting of the Missouri Valley Medical Society will be held in Omaha, September 17th. A symposium on Skin Diseases will be a feature of the program. Those desiring to contribute papers should send their titles to the secretary not later than August 10. President Barstow has appointed the following Committee on Arrangements: Dr. R. C. Moore, chairman; Drs. F. E. Coulter, S. K. Spalding, W. F. Milroy, H. L. Burrell, all of Omaha.

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Claytor (*J. A. M. A.*) treats of thymol in uncinariasis or hookworm disease. He finds that thymol is a poison, to be administered with due care. Alcohol, ether, turpentine, chloroform, oils, glycerin and some alkaline solutions increase the danger by rendering the thymol more quickly absorbed. There is less irritation when the drug is given in dry powder, but it is apparently more effective when followed by a tablespoonful or two of brandy, and in a few hours by a purgative, since the worms

then appear earlier in the stools. While two doses of two grams—half a dram—each, two hours apart, often suffice to cure, some require more, and in one case, after nine treatments there were found 29 living worms in the intestine at the autopsy. The stools should be examined weekly for eggs, and as long as they appear the thymol should be continued. The connection of this malady with ground-itch seems well proven.

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### THEY PAY THE FREIGHT.

The following clipping from the ever-fruitful columns of the *Union Signal* has a lesson to be remembered:

Two old pals met on the street.

"I saw you in the liquor men's parade Tuesday," one of them said.

"O yes."

"Now, you tell me about it. Who were those fellows in front on horses?"

"Those? Why those were the wholesalers."

"Well, who were those fellows in carriages?"

"Those fellows in plug hats, smoking the big, black cigars?"

"Yes."

"They were the distillers and brewers."

"Who were those fellows walking there with the white plug hats, white coats, and gold-headed canes?"

"They were the retailers."

"Who were the fellows that brought up the rear?"

"Fellows with cauliflower noses and fringe on their pants—the crowd I was with?"

"Yes."

"O, they were the consumers."

Few suffer more in a business way, outside of the victim, than does the doctor, therefore the doctor should be unmistakably arrayed on the right side.

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Diphtheria: The cyanide of mercury has been recommended as a specific, but the other salts seem safer for children.

Diphtheria: Iron phosphate, digitalin, sanguinarine and the benzoates, have been recommended as specifics or for sepsis.

Bailey advises the hot air bath with massage for all cases of sciatica not due to pressure or general disease.—*Lancet-Clinic*.



The physician's skill in diagnosing disease is valueless without uniformly active remedies with which to meet symptoms of disease expression.—John Uri Lloyd.



Lewis speaks highly of the Anusol suppositories in the after-operation treatment of anal fissures. The only difficulty about these suppositories is in getting people to make the first trial—they meet no obstacle afterwards.



The physicians of Coalgate, Ind. Ter., have formed an association on the lines suggested by the CLINIC recently. The idea is bound to spread wherever there are active go-ahead men who are unwilling to sit still under difficulties that may be obviated by effort.



An Archbishop asked a little girl what matrimony was. She replied that it was a state of terrible torment which those entering it endure to prepare them for a better place. "No," said the pastor, "that is purgatory." "Let her alone," says the Archbishop, "maybe she is right. What do you and I know about it?"



Vegas Amede, of Madrid, at the International Medical Congress which met at Madrid, denied the etiologic importance of the Anopheles Mosquito, and Maragliano of Genoa thought that other

etiologic moments besides the Anopheles are needed to make it (the plasmodium) epidemic.—*Wien. Med. Woch.*



In the manufacture of the various salts and of some other medicinal materials, the variation may not be so great as it must be in the galenical products. Think of plants, the place they grow, the time of gathering, the drying and packing, and care, the time, and all it involves, before the pharmacist gets them. Then think of the pharmacist and his work, his knowledge, and reputation, and honor, and integrity, whether of the unscrupulous, get-rich-quick class, and of the question of solvents, and the various and multiple other laboratory involvements that may affect the evolution of a reliable remedy. Then think of the post-laboratory existence of the drug. Has your prescription been filled with a "dead one"—one that has separated, decomposed, is valueless? Why, my dear reader, when all these things and their direct and indirect bearings upon the practice of medicine and the cure of the patient are considered, is it any wonder of the growing nihilism in medicine, of the all-devouring non faith, of the growing of sects and isms, and the wandering after strange gods, no gods, the grovelling in the dark, the increased and increasing death rate, the chasing of bugs, with the hope of a short-cut cure without drugs, the tearing of hair, the gnashing of teeth, the hell upon earth over medicine? There is only one royal road to the haven of success and satisfaction: Know your business, and know your drugs.—Bloyer, *Med. Gleaner*.



Diphtheria: Eclectics claim that baptisin checks the tendency to tissue sloughing; gr. j every one to three hours.

Diphtheria: A full dose of pilocarpine has aborted the attack and loosened the exudation; give gr. 1-6 to an adult.

Bulgarian Revolutionists threaten to fight the Turks with plague bacilli. Homeopathy?

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Ohio has had to pass on the question whether the osteopaths, who do not practise medicine, can legally vaccinate. Health Board says no.

❖

Kober reiterates his belief in the dangerous character of the milk from tuberculous cattle, though he considers it less dangerous than formerly supposed.

❖

*American Medicine* relates two cases in which moral depravity subsided after operations on the brain. There is a field that we leave to the surgeon without protest. In fact, we look on the resort to him as good evidence of depravity.

❖

Jonathan Hutchinson reiterates the view that fish-eating causes leprosy. He says the Catholic Hindoo who use fish is twenty times more liable to the disease than the Jain who is a vegetarian. But then the rice-eater gets beriberi, so where's the odds?

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Koplik calls attention to the importance of the tonsils as a portal for tuberculous infection. A boy was brought to the writer from Texas who exhibited evidences of tuberculosis beginning in the tonsils and extending to the cervical glands. That this was not an isolated case we believe.

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Diphtheria: In weakly cases give pilocarpine with digitalin and follow with strychnine, quinine and iron after sweating.

A vegetarian colony is to be started in the Ozark fruit region. No meat, tobacco or alcohol is to be allowed. That would not hurt us much—all we would find galling would be the restriction—if we had these things we would not use them, but if we thought we could not get them we would lie awake nights worrying over it.

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Great efforts are being made to induce the profession to subscribe to the *Index Medicus*. Maybe they will learn that the ordinary physician has no use for such a publication, unless it could be placed at a nominal price. Even at a dollar a year it would not be bought by very many; at five dollars, how can the doctor pay that for a journal that simply tells him where to find the literature on any subject when he sends all his pay patients to the specialists. To the medical journal, the library and the medical writer, it is a necessity.


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Among agents that have been known to cause dermatitis are orthoform, salol, aristol, ichthyol, resorcin, dermatol, eutrophen, pyoktanin, creolin, iodvasogen, kerosene, electricity, "aurantia," coccus-wood, guaiacum, humulus, heracleum, angelica, hyacinth, gingko tree, cotoneaster, humea, and possibly tecoma and ampelopsis. So says White, and he leaves out rhus, of all things. He also names the Virginia creeper, trumpet vine, dogwood, small laurel, pawpaw, dog fennel, various molds, radish tops, and the pollen of "life everlasting."—*Amer. Medicine*.

Diphtheria: All the forms of arsenic have been recommended for malignant forms and a tendency to sloughing.

# Surgical Department

## THE DOCTOR: "TO ORDER" AND "READY-MADE."

N the July issue of the *Medical Summary*, Dr. Horatio Brewer of Chicago takes exception to the remarks made by Dr. Billings before the American Medical Association anent the restriction of the diploma output. The doctor remarks, very sensibly, that it is all very well to talk about making the course eight years instead of four, thus practically limiting the profession to the sons of capitalists but that this will not make the product one whit the better in quality. Repeating the statement made some time ago in *THE SURGICAL CLINIC* by the writer, "doctors are born and not made," Dr. Brewer goes on to state that it has taken him twenty years to find out what he does know of medicine and that all he learned in the five years devoted to study in Europe was not entirely what it might be as regards usefulness. We agree with Dr. Brewer: You can take a dolt and coach and cram him so that he can pass any examination going; you can take a bright man and give him a theoretical knowledge of medicine that will warm the hearts of his professors and preceptors but neither one of the pair will be able to stop the baby's colic or deliver a woman with a cross presentation. The bright man will know enough, possibly, to send for some plain, common, every-day old practitioner (who once saw the inside of a college and that's about all) while the other—being that worst of all things, an educated dolt—will try to turn the fetus and so

turn both it and its mother into angels. They may have had an eight years' course but they are not and cannot be doctors. The poet, the sculptor and the doctor, each and all are born "with the gift," and, if they have that, all the colleges cannot add to or detract therefrom. True it is, that in medicine, as in other sciences, there are certain fundamental facts and truths which must be learned; there are, moreover, many acts which it is necessary for the doctor *in esse* to see performed by someone expert in the performing thereof; the intricacies and marvels of anatomy, too, must be demonstrated to him by an adept and it is a *sine qua non* that he have some knowledge of chemistry. So, too, the poet must learn to read and to write; the artist must be taught to mix his colors, and the sculptor needs to be shown how best to handle his chisel and mallet, but thousands can do all these things, but still they are not poets, painters or sculptors. So the man who is not a doctor will not become one even though he pass ten years in the class-room, the dissecting-room and the laboratory. No, even though on the top of this, you let him walk the wards of the hospital for another two years, you will find, finally, that you have but an automaton who will give what he has seen given, who will do what he has been told to do under certain conditions but who will fail dismally if some situation arises to which he is not accustomed. He will make the most egregious errors in treat-

ment because he has not been taught that sometimes things are not just what they seem and he will, in a crisis, lose not only his head but his patient.

Education is a good thing—it is better than gold and rubies—but there can be too much of even the best thing and the man who is a doctor—the man who is ever going to be one—will be able to learn all the rudiments that are necessary in four years. If he be really a doctor—or surgeon—he will, having grasped the first principles of the science, soon find out the niceties and fine points for himself. Once he is “in practice,” once he is brought face to face with death and suffering and has to depend on himself and himself alone, he will speedily develop that God-given faculty of “sensing” the trouble and intuitively will give or do the right thing at the right time. This is the man who “has phenomenal luck with his cases;” this is “The Doctor,” who is loved and sent for from far and near and he would be as helpful, as resourceful and would save as many lives and end as much suffering if he had been but two years in college instead of four. It is the practice of medicine that counts; while it is true that thousands of men enter the profession every year who would better be at the plough or running a saw-mill, the fact remains the same that this timber will be no better at the end of eight than it was at four years, while on the other hand the real doctor—the man who was born to give pills and stop pain and bring comfort to the despondent and turn back the hand of Death will be as good as he needs to be to begin his work, at the end of the present four-year course as he would

were he kept at the professor's coattails for twice that length of time.

It is a hard problem to solve; the gates should not be too wide open but it most certainly is not right to make the hinges turn so hard that genius cannot get in—and stay in—just because it is necessary to keep *mediocre* men and dolts out. Let everyone in who wants to come and each year weed out the incompetents and those who have mistaken their calling and, by the end of the third year, if the faculty would do its duty, those men who could not be doctors (except by the grace of a diploma) would be turned back to follow some less dangerous occupation while those who really possess the *Æsculapian* mantle would be ready to take the finishing polish and hear the last few words of counsel and admonition before starting out to make or mar, not their own lives only, but those of other people.

Let the man who is evidently a doctor through as quickly as may be, for he has his real education to get after leaving his *alma mater*, but put up the bars and keep them high before those men who are willing to be doctors, if they can be such, by paying the fees and staying for the prescribed time at school. It is practical education that counts, and practical men that we want!

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#### HEMORRHAGE FROM UMBILICUS OF “THE NEW-BORN.”

Quite recently there have been a number of cases of hemorrhage from the umbilicus in the new-born (*True Omphalorrhagia*), and in one paper, in which the writer describes a series of

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Be careful in gangrene not to mistake the line of discoloration for the line of demarcation: the former spreads.

Be careful not to let yourself see in the next case the symptoms which you have just read or heard about.



three or four cases occurring in a lying-in hospital, the patients all died despite the most advanced treatment. Injections of gelatin solution were given, but without effect, and in one case septic symptoms supervened. As a matter of record it is laid down that only one case of idiopathic hemorrhage occurs in 5,000 births. One German authority asserts that the condition nearly always makes itself apparent, in infants otherwise healthy and strong. The cause is not well-settled; syphilis, tuberculosis, fatty degeneration of the tissues and non-coagulability of the blood; these, and other causes have been advanced, accepted and denied. One thing is certain, and that is, that in a large proportion of the cases there is every sign of systemic sepsis. The condition prevails, moreover, to a great extent amid unhygienic surroundings and in asylums. It is rare in ordinary practice, especially amongst the well-to-do or the dwellers in country districts.

All of this would tend to show that to the presence of some bacillus or to the toxins produced by it we owe this distressing condition. The hemorrhage begins as a rule about the fifth day—just when the stump is separating; it does not follow, however, that the germ gains access at this period; the presence of microorganisms in the blood and deeper structures, in these patients, would lead us to believe that the invasion occurred much earlier—at or even before delivery.

The blood does not issue from any vessel or spot, but oozes up as water would from a pressed sponge, and the amount lost in a given time is not large at the beginning. The flow begins to increase after a few hours however, and, by the second day, is often quite

profuse. If pressure is made, the flow may cease entirely, only to begin again the moment it is withdrawn. Quite often there are signs of icterus present from birth, but in some cases these have only made their appearance with the beginning of the flow. As a result of the bleeding there is a cyanotic tinge, which, combined with the icteric hue, produces a peculiar "bronzed" look, which is diagnostic almost of this disease. The disorder varies in the length of its course, running from two days to two weeks before proving—as it usually does, fatal. The case which has apparently been healthy from the first, and in which the flow is slight, is generally the worst at the end. Ecchymoses appear about the umbilicus, diarrhea sets in and there is hemorrhage into the bowel and stomach. Hematemesis occurs in a proportion of the cases and there is some edema of the wrists and ankles. All of these symptoms speak of a more or less profound toxic condition of the body fluids, and it is probable, that, finally, it will be found the disease has its origin in some disorder of the placental structure, or is due to an abnormality of the cord itself.

The death rate is as high as 95 per cent, and no treatment has yet proved really successful. The only one which promises anything, is that followed by a friend of the writer, in the two cases he met in his own practice. This consists in the administration of iodin and ergot, in  $\frac{1}{2}$ -drop doses, every two hours, and the touching of the umbilical surface with the solid stick of argent nit. Dressings and pressure have proven worse than useless; they serve only to protect the invading germs and tend to add to the systemic absorption of the



Unless absolutely imperative do not keep old people in bed: they are apt to develop fatty heart.

One of the most dangerous things you can do is to give a hypo of morphia to a child suffering from burns.

toxins. Simply dry the part with sterile cotton and then, with the stick of silver nit., go over the entire oozing surface and cover with a single layer of gauze. This has, through "luck" or otherwise, saved the five cases to which it was applied, and no other treatment yet reported has saved even one out of that number. Try it in your own case (if you ever have one) and report results.

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#### **[AN AUDACIOUS APPENDICULAR APPEAL.]**

It has been decided that the appendix is left in man to be amputated. It matters not one jot whether it be healthy or diseased; man does not need it any more, and so, *le bon Dieu* has left it *in situ* in order that the surgeon of the 20th century may make a few fat fees cutting it out. It is also necessary that the recent graduate, who yearns to do a laparotomy on a real, live person, should have an excuse for doing it, and were it not for the appendix how could he find one? If a man diagnoses "gallstones," and cuts, he must produce at least something which looks like a stone, but the appendix is "always with us," and can be proudly displayed to the

wondering patient and labelled "diseased" without fear of contradiction. An entirely inconsiderate and selfish practitioner has, in a recent article, made an appeal to the profession to let the normal appendix alone. Has the gentleman considered this matter? What is the use of the appendix? What does a man who has \$200 or \$500 dollars need with one? It may be all right today but think of tomorrow? The appendix may get inflamed and the money may be gone—gone in some wild scheme, or spent on seal skins for the wife. No, a thousand times no. Let the normal appendix come out while it is normal, and then the surgeon can assure the man that he can eat seed-fruit with safety, and better still, he (the surgeon) can take proper care of the money. The writer of the appeal for the appendix has been precipitate; the normal appendix should come out; the only exceptions to the rule being the surgeons. Their appendices should remain intact—if only for the reason, that so they may some day serve as, "horrid examples," by getting appendicitis themselves, thus proving to the world how essential it is that the operation be done early—and often!

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#### **BONE GRAFTING OR TRANSPLANTING; DIRECT MECHANICAL FIXATION OF THE FRAGMENTS, ETC.**

By Thos. H. Manley, M. D., Ph. D.



THE range of osteoplastic surgery has been largely widened through the utilization of osseous grafting. Its limitations, however, are not yet well defined and in a large measure some of its phases are still in their experimental stages.

Autoplastic and homologous osseous bone grafting have been repeatedly proven to be practicable in the young or vigorous, but heterogenous osteoplasty or the successful transplantation of osseous grafts from the lower animals to the skeleton of man, has been denied by

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Any cyst of the hymen is usually congenital though it may escape observation till late in life.

The origin of cysts of the hymen is as a rule the epithelial projections. These constrict and fill with serum.

our ablest and most reliable authorities.

In the past, extensive experimentation has been made by some enthusiasts, who believed they had solved the problem and proven the physiologic impossibility of fusing the vital elements of animals with those of man; something, indeed, ardently desired if practicable, though the recent advances in the domain of therapeutics, through the utilization of some of the organic extracts for internal maladies, would seem to suggest the possibility of effective, local assimilation of the heterogenous structures.

*Autoplastic bone grafting* has a comparatively large range of utility in both traumatisms and pathologic conditions; employed while the parts are yet freshly mutilated or after healing is completed, in the open fractures. This variety of grafting when employed as a primary measure essentially consists in the replacement on those isolated fragments which yet maintain a periosteal or connective-tissue attachment. Hartley's operation for opening through the cranial vault, in the operation for neurectomy, in trigeminal neuralgia, is a good illustration of it; the oval of partly divided bone with pericranium, scalp and all the soft parts, are raised together; when all are later replaced to fill in the hiatus. And thus it is in those open fractures attended with a shelling out of several fragments, while others remain, held more or less loosely by bands of periosteum, muscle or other tissues. Care is observed to preserve these osseous pieces, to replace them, with the hope that they may serve as nuclei with the remains of periosteal tissue, for ample osseous regeneration to fill in the hiatus and restore the continuity of the shaft.

#### FRACTURE OF THE TIBIA, ETC.

Immediately after fracture it may be quite impossible to determine just how many fragments may survive, because many at first more or less adherent may be later thrown off by sloughing; but in any event, after bleeding is arrested and the parts are cleansed, we should carefully preserve and replace all those adherent fragments. The great difficulty in utilizing them as a means of repair, in those limbs which may be spared, is through having nothing to properly clothe them with, when there are large areas of necrotic integument thrown off. For this reason many of these grafts, if not all, may some time later perish. Their great forte is in those occasional open fractures which readily become closed.

*Re-implantation* of shattered bone completely detached has invariably failed whenever tried by myself in *open fractures*, nor can I find any authentic cases recorded in medical literature. The nearest to it is in those cases in which it has been said that those bone discs removed by the trephine from the skull have become imbedded and solidly fused with the adjacent osseous surfaces, but the report of these cases needs confirmation. This description of re-implantation is declared by the majority of surgeons as a failure. In my own hands in both young and old subjects after trephining it has been several times tried but always with failure.

*Homologous Osteoplasty* as a consecutive measure has succeeded sufficiently often to establish it as a resource of great value in selected cases. It has been utilized to fill in dead spaces, hollows and clefts in bone. All scar tissue must be cleared away and the inner os-

It is quite possible for a lacerated hymen to heal so perfectly as to defy any detection of the lesion.

Bear in mind the fact that the hymen may even be intact after child-birth if of the crescentic variety.

seous surfaces freely denuded until a fresh vascular base is secured. The slivers or long pieces of bone are carefully cut away from the contiguous shafts and imbedded deeply in the breach. These spiculæ of bone removed from the surface must carry with them the periosteal envelopes. Everything must be conducted with the utmost aseptic precaution, as all depends upon *primary union* of the parts.

#### HOMOLOGOUS GRAFTING.

It will be noted here that there has been a re-implantation of some fragments of connective-tissue connections, but it has been with the least possible trauma and immediately, without undue exposure, and the bone has been cut rather than torn as it is by the teeth of a trephine. However, it is well known, that the bones of the skull in the adult possess but very feeble regenerative activity, while in those of the extremities and the ribs is most marked. Borrowing bone from one part of the skeleton and transporting it to another has been availed of, with singular advantage in a large number of recorded cases, but its sphere of usefulness is exceedingly limited and in most instances it is followed by failure. It promises the best results in young subjects of a vigorous constitution and when the grafts are made with the least mutilation.

A notable illustration of the occasional utility of transplantation *en bloc*, is recorded by Doyen.

In a fracture of the humerus, patient five years old, attended with loss of bone and a flail joint, he turned to the thorax and resected ten centimeters of the fifth rib, imbedded it in the hiatus in the arm and closed the wound. Union was com-

plete. In nine months full use of the arm was restored and the rib regenerated.

Trituration of fresh osseous substances has been employed, this being spread over an exposed area, it being claimed that the osseous particles took on vitality and provoked a tissue hyperplasia, which takes hold, is calcified and assimilated to solid bone substance. But the success of this mode of grafting has been seriously questioned. The probability is that when osseous regeneration did occur in recorded cases it was dependent on periosteal regeneration. It was not proved that it ever succeeded except in loss of bone substance from the skull, and here we know in early life the periosteal layer of the *dura-mater* and pericranium are endowed with the property of osseous regeneration.

*Heterogenous osteoplasty* occupies a questionable position as a substitute for loss of bone in the human subject. Its utility is placed at the lowest in the scale by M. Ollier. All who have had an opportunity to test its utility agree that the implantation of fresh, aseptic bone grafts from the lower animal into gaps left in osseous areas, if they accomplish nothing often stimulate ossific regeneration and repair in a remarkable manner.

Prof. Nicholas Senn of Chicago has even recommended "decalcified bone chips" for filling in bone cavities, though he does not claim that they ever assimilate with the living bone, as he says, they serve only as a framework, or for the coagulum support until this organizes and is infiltrated by the osteoblasts. It does not appear that this procedure has succeeded so well in the hands of others, as no published records can be found of its employment to any extent by those



When you do take out a cancer of the breast don't be too particular about your flaps: remove every shred of cancerous tissue.

The bilabial and bi-perforate are next to the cribriform, the two forms of hymen which if present bespeak virginity.

who treat many osseous lesions. The filling in of dead spaces is sometimes difficult of accomplishment, and as Senn's method involves no fresh danger; carried out with every aseptic precaution it is certainly worthy of a trial.

Prof. A. M. Phelps of New York and others believe that aseptic blood coagulum may be utilized for osseous filling with satisfactory results. This assumption while it may be confirmed by clinical evidence is certainly opposed to the teachings of pathology, and to what has been noted, in effusions of blood in other organized structures. We have no evidence that a thrombus in the lung, the brain, the kidney or any other organ, will ever organize and assimilate with those structures in which it is lodged. However, most authors agree that the coagulated blood in a fracture shares with the other structures in the processes of repair, and if this is conceded it is easy to understand how it may in some manner aid in osseous formation, after loss of the bone substance. The bones of the chicken, the kitten and other young animals have been employed in homologous grafting, and so have the vitelline membranes of the egg for the same purpose.

Some cases have been recorded in which bone cavities have been filled with iodoform gauze, with plaster of Paris and other foreign materials, the soft parts closing in over them; but they are all practically worthless.

Reasoning from analogy, if the dental structures can be repaired by packing or ramming into the hollows, materials of metal and other substances, a similar procedure might serve even better in those osseous structures that are to be

closed in and not exposed to almost constant action as are the teeth.

At the International Medical Congress at Rome, a member presented a celluloid humerus, which he claimed might be safely and with advantage utilized when the bone shaft of the arm was destroyed. The oral and nasal cavities tolerate prosthetic appliances as substances for substitution for lost bone, with remarkable impunity. But in the extremities all efforts in this direction have been hopelessly futile. A mass of plaster of Paris, a wad of gauze or a metallic substance like an imbedded bullet, may become encysted and thus become tolerated; but it is always a foreign body which in time is sure to become a source of trouble and must be removed. Prosthetic appliances must here be applied on the outside.

Mechanical splicing of the divided ends of a fracture has been tried by *Euchevillment*, by bone spurs, ivory pegs or hardened decalcified bone; the use of wire, steel nails, rivets and metallic clamps.

Among the many ingenious mechanical devices which have been employed with varying results, for the purpose of approximating and supporting divided fragments or aiding the processes of osseous regeneration, are those which are applied directly to nude bone substances and temporarily or permanently imbedded in it. But few of these expedients possess any value whatever, and many of them, unless employed with a judicious discrimination and special skill, may occasion serious damage.

These are employed as accessory expedients immediately after an open fracture, while the parts are yet freshly mu-

Pruritus vulvæ with dryness and sensitiveness of skin suggest a possible kraurosis of vulva.

Pruritus vulvæ may be due to neurosis, masturbation, sexual excess, reflex irritation and diabetes.



tilated; or later, as will be seen in the pseudo-arthroses.

*Eucheillement* is the term Lejars applies to the procedure when such materials are employed as iron spikes or pins, rivets, ivory pegs or spurs for intermedullary fixation. Theoretically, mechanical interosseous adjustment would seem to have a very large field of application in antiseptic surgery, on bone trauma tissues, but experience has amply proved that, especially for two reasons, in all but very rare and exceptional cases they have no place.

*First*, because the osseous substances of the shafts tolerate foreign bodies very badly, and necrosis of bone with purulent infiltration of the soft parts is liable to occur. In other cases wherein the extent of inflammatory reaction following is not great, the fragments will not unite and a fistulous opening remains until those foreign corroded bodies are removed.

*Secondly*, recent dissections of united fragments and skiagraphic cuts conclusively prove that perfect coaptation is not essential in any fracture in order to secure fairly good functional results.

Nothing in my own practice has been found as successful and effectual as silver wire. This is invaluable to secure the fragments in apposition till they have come fairly together by muscular retention. But as the wire never becomes enclosed in the tissues it must be removed before the soft parts close in, or fistulas heal. In all these fractures so made, the limb must be cautiously handled and firmly splinted, else the wire will break or tear through, detaching more bone, thus adding fresh complications. In fractured

patella or lower jaw it answers admirably.

Splitting directly through all the tissues *en masse* has been highly recommended in various fractures, invariably the articulations, especially those of the elbow in growing children. I would, however, well weigh the risk before resorting to this harsh measure, in view of the clinical evidence we have in femoral and other fractures that there are very few of them which do not unite with very good functional results even though the degree of deformity following is quite obvious.

Some years ago Dr. Senn devised a decalcified bone ferule; the hollow disk of the bullock's femur, reduced in size with a view of securely ensheathing and maintaining the ends of a fractured femur together or keeping them in complete apposition until osseous consolidation occurred. This ingenious device, however, failed and was soon set aside.

Mechanical devices as a means directly applied to the osseous tissues, notwithstanding their general failure as a means of effecting direct coaptation of the fragments in fractures, nevertheless, if utilized with discrimination and skill, under many circumstances are valuable and important adjuvants in treatment. This is most apparent in those cases attended with loss of substance when any descripton of external appliances, adjusted with due regard to the circulation, will simply steady the fragments until the muscles so contract as to enable us to rely on splinting for their support.

Osteoplastic surgery for several varieties of pathologic lesions would be quite impossible without them.

New York, N. Y.




Any cyst about the vulvæ is most likely to be of the retention variety and of the Bartholinian gland.

Unless there is inflammatory action a cyst of the Bartholinian gland may fail to attract any attention.

## THE PRE-NATAL INFLUENCE OF THE PARENTS.

(Paper No. 2, "Building of The Body" Series).

By Geo. H. Candler, M.D.

NE of the most interesting questions that has occupied the attention of scientists for almost a century, has been that of pre-natal influence. The greater part of the attention bestowed by those engaged in research as to this matter has been directed to the mother. Indeed, it has been a rare thing to hear the possible influence of the father spoken of. And, too, it is a fact, that the most useless portion of the entire subject—the possibility of pre-natal influences causing marks on the fetus—has occupied the minds of those interested to the exclusion of far more important matters.

The settling of the sex of the expected child has also taken up a vast amount of time, and yet we are to-day as far from being sure of anything about it, as we were at first. Men have come to the front and claimed to possess proof infallible that there were methods by which the parents could determine whether the next addition should be a boy or girl. Another has arisen and absolutely demonstrated (to his own satisfaction at any rate), that this could not be done, and that the sex of the child was altogether a matter of chance. The next expert, while allowing that the sex could not be controlled, presented a beautiful little theory to the effect, that boys were born under certain conditions and girls under others. And still others came forward and offered, as their contribution to science, some other solution of the vexed and vexing problem.

But not one of them came down to good, wholesome common-sense, and pointed out that both the father and

mother had within themselves the shaping of their offspring; that as the seed is, so will the plant be, and that both the physical and mental condition of the parents at the time of conception and during pregnancy, shape the future of the coming life just as surely and definitely, as the hand of the sculptor shapes the clay.

To go into the subject of hereditary defects or instincts would be to lose one's self in a forest of speculation, through which run many well-beaten paths it is true, but all of them on being followed lead back to the same spot—the center of the woods.

In the first place, let us start out with the presumption that we, the highly civilized races, have traveled just far enough away from the bosom of Nature to prevent us from mating and begetting offspring in the normal manner. A few moments' thought will convince any deep thinker of this fact. In the very first place, our women are getting more and more unfit to bear children, and the conditions are such, that our men—especially those of the cities and large towns—are but sorry apologies for sires. That this is a truth, is evident to anyone with eyes; that it is an unpleasant and most unpalatable one will be proved by the protests with which the statement will be received.

Apart from the merely physical aspect, there is the more—ininitely more—important mental or "soul impression." The pair who are mated really, whose minds soar into a paradise of their own making, the woman who, though her eyes are closed, sees sights and hears

To decide whether any tumor of the vulva is a cyst of the Bartholinian gland, puncture. Serum from latter.

Rarely there appear cysts of Gartner's ducts on labiæ minora. Contents serous, bloody or purulent.

sounds that belong to "another world than this," will, when her child is born (provided that she was and is in a good physical condition), present the race with an addition that is worth having. If, too, the man equaled her in elevated mentality, if he was clean minded and bodied, if the union was on his side, as it was on hers, not a mere physical gratification but a mingling of being in fact, then we may look for the perfect child.

But even then there is one contingent condition. The mother takes almost entire charge of the coming life from the moment of conception. It is she who must attend to its physical well-being by taking care of her own body. It is she who must give the trend to its mentality by being and doing, what she would have her little one be and do.

The father has his share in the work it is true, but it is by influence. He can so shape and mould the mother that, through her, he will make the child. If he worries her, if he causes her grief, annoyance or pain—mental or physical—the impress will be plain to see on the child.

And let it be remembered in considering this subject that the peculiar sympathy (call it that or what you will), which exists between a really mated couple, is remarkably keen. Especially is this the case during pregnancy. I have in my own practice, known of two cases where the man suffered almost as much as the woman throughout the entire term; when she vomited he vomited; when the wife felt nervous and "queer" he felt the same—no matter where he might be—and when "quickenings" came, these men assured me that they were physically

aware of it as soon as their wives. Then, too, so closely allied do the pair become that the man's breasts will enlarge, and it is on record that men have been known to suckle their young. Not one of us but has seen the husband suffer every pang, as his wife passed through her travail, and we may, from our own personal experience, know that there is a peculiar mental telepathy between a well-loved wife and her husband, that enables one to know intuitively what the other is thinking of.

All this is crudely and hurriedly presented, with the one idea of showing the influence which the parents both must have on their progeny. That it is often not what it should be—that it is often bad—does not alter the fact that it exists, but does serve to prove how carefully the condition of a pair should be prepared before the production of a child is attempted.

The refined and educated classes provide the women who "control" the number of their family. Among them we will find the women who are frigid or otherwise abnormal, and their offspring as a rule are highly nervous or in some way mentally or physically below par. But when we do get an educated, refined and physically perfect pair—and such things do happen—and when this pair are mated, not merely married, we find that the children they produce are as nearly perfect as one can expect in these latter days.

We must not expect perfection very often. We have taken too many liberties with Nature's rules during the past few centuries; liberties, which, when taken by the lower animals, result in a breed which we relegate to the river or the water-pail at birth. Still, among



Cysts on labiæ minora (Gartner's ducts) are usually small but have reached the size of an orange.

The term "endometritis" is the parent or child of ignorance or confusion. Who can tell what it means?

the poorer and more natural class the men are chaste and the women normal, and so, despite it all, we keep on getting enough normal babies to supply the world with successful men and women. As these succeed they refine and educate their children, and in a few generations the descendants begin to decline; but on the way they—some of them—have married well and ungrafted a new strain of blood into the old stock, and so it is a long time before total ruin comes to the breed. Were it not for this the "upper classes" would be to-day mere apologies for men and women. If we need a striking example of the importance of considering this matter, there it is.

But to return to the influence of the parents on the child before birth: That it is possible by any method to so influence the fetus *in utero* as to make a poet, or a sculptor, or an artist, is not possible; but it's possible to bestow on the child good health, good temper, even nerves and normal tendencies. Of course there can be no question but that old taints do crop up when least desired or expected, but even any hereditary evil tendency can be lessened by careful attention to counter-influence.

All these matters belong particularly to the domain of the general practitioner. It is to him that the wife or husband desiring to do what is best for the unborn child, will come for advice.

And what does the doctor know of the matter? As a rule, nothing. He is moreover too frequently unable to give advice of any value, regarding the more elementary sexual matters. Therein he fails in his duties. He must know himself, and so be able to teach others, that a man before he becomes a father must

be in good physical condition, that he must not be worn out sexually, that his nerves and brain should be free from the deadening influences of alcohol (and how often as a matter of fact is procreation accomplished under the stimulation of wine or other intoxicant?), that, as his thoughts are at the time, so will the intellectual tendency of his child be—unless counter-influenced by the mother—and that, finally, as his actions towards and before his mate are throughout her pregnancy, so will he have a descendant to worry or rejoice over. The influence of the father does not stop at conception, though it is from that time on reflected only through the wife. This fact must not be lost sight of, and a father-to-be should be duly warned of the same.

The mother's influence begins—well, practically, with her mother again. Anyhow, as the girl is, so will the young mother be to a great extent, and yet, a very foolish and giddy girl, if properly advised, may become a most excellent mother. Before her marriage she should be prepared physically; her blood should be enriched, her lungs inflated, her waist made normal by the proper exercises. Any physical deficiency should be remedied, and especial attention should be paid to the pelvic region.

If it were the custom for every young man and woman to undergo six months' preparatory treatment at the hands of a good doctor before marriage, the American people would be the dominant race in three generations. Moreover, the individual comfort and freedom from illness would be remarkable. And let us suppose such couples properly instructed in the marital relations, and directed as to how to proceed after the wife be-



Pain is one of the last things to be guided by in taking a diagnosis of a possible endometritis.

The three chief varieties of disease of the endometrium are hemorrhagic, catarrhal and dysmenorrheic.

comes a prospective mother. Where would the thousand-and-one institutions for sick and incurable children get their inmates? Where would we go to find the be-spectacled, stoop-shouldered, little old men and women, who fill us with pity now? And where would the "little white casket" industry be? Gone! Gone for lack of victims—the victims of ignorant parents and more ignorant doctors.

The diet of the ordinary woman bearing a child, is about the worst imaginable. What she fancies, that she gets, instead of having her food so arranged that both she and the child derive the most benefit therefrom. The tissue salts are now more than at any time called for, in quantities, and the ordinary white baker's bread, devoid as it is of all the bone and muscle-forming salts, is the worst thing she can eat. But it is eaten just the same, together with any quantity of sweet pies and pastry, and the woman who does not eat pickles and the other indigestible and injurious things which are seemingly "craved" at this time, is the exception.

Then the eliminative processes are not kept up to the mark. The pregnant woman suffers from both bowel and kidney inactivity, and this alone has its baneful influence on the fetus *in utero*. The doctor should stop all this, and should insist that his women remain under his charge from the moment of conception.

As has been said before, we are no longer natural. While the processes of fecundation and parturition are supposedly "natural" ones, they are not so as a matter of fact any longer. And so, while in the far past it was not necessary for the pregnant woman to take

any extra steps to benefit herself or her young, it is necessary to-day. Our whole method of living is abnormal. We do not dress as we should, we do not get the air or exercise we should, and the parents themselves are carrying the blemishes which have followed similar evasions of Nature's mandates by their forbears.

If the slightest indiscretion in diet or hygiene carries its injurious effect to the child, what must be the effects of powerful and system-racking drugs? The physician who undertakes to practise among pregnant women intelligently, must be sure indeed of his therapeutic knowledge before he doses his gestating women.

Probably more damage is done to the unborn child by these things, than by all the other influences put together. First, and foremost, comes the constant sexual irritation and excitement of the mother. Next comes improper diet, and third, drugging for fancied ailments, nervousness, constipation or nausea. The latter can be stopped in every case by giving the mother a glass of hot milk or tea (Malted Milk is probably the best of all nutrients), before rising in the morning. If, after taking this, the woman remains quiet for half an hour or so, she will not have nausea. In some cases it is necessary to give some digestant or antacid. A good preparation of *papaya carica* and charcoal will fill these indications.

Constipation, if present, will yield to stewed fruits, such as prunes and figs, together with Saline Laxative twice or three times a week. This preparation is named for the simple reason that it is the one pleasant and effective form of magnesia sulphate.



It is a maxim that any form of intermenstrual bleeding is pathological and calls for examination.

The pain usually due to endometric disturbances is described as cramping with a feeling of weight.



Now, these things being attended to, the dress of the mother needs attention. The baneful influence effected on the child by the corset, is too apparent to even a lay mind to need much remark. The loose girdle may be substituted, or better still the clothes should be supported from the shoulders.

Bathing should be frequent and thorough, and the entire period of gestation should be passed in a sensible and sanitary manner.

The mental influence of the mother is so important that she should take pains to avoid any disturbing or unpleasant scenes or matters. The sexual sense should not be aroused, as it is most probable that it is from the excitation of this function that perverts and asexual individuals are due. It cannot be denied that reason and experience both, protest against the female having free intercourse during pregnancy. The result may vary in various cases, but the fact remains the same, that the influence exerted is decidedly deleterious. The normal human finds it hard to understand how the sexual pervert finds pleasure in what to them is beastiality, but it is just as incomprehensible to the man who does not know one note from the other, how some other person plays or sings perfectly and without training.

These characteristics and traits are inborn, and as we do not and cannot thoroughly comprehend the why and the wherefore, we must take especial pains to avoid anything which would most certainly leave some powerful impress, of the exact nature of which, we cannot be sure.

If we were able to study minutely the prenatal influences of each genius, of

each sexual pervert, we would find that each case would be easily accounted for. We all have some peculiarities which are born with us, and it is too often the case that we sneer at the abnormalities of others while remaining totally blind to our own. We may have been blessed with such prenatal influences and surroundings that we have the normal and healthy sexual instinct, but that does not make the unfortunate born with less happy impressions more censurable. We but follow our natural tendencies, and as a matter of fact he follows his; and we are both equally helpless and equally the slave of impressions received before we had a separate being.

The practician will find that from time to time, he is called in to correct an overmastering desire for sexual congress. If the patient be a male the treatment is easy, comparatively speaking, but it will not do to simply advise marriage. The partner must be selected, for should we marry a man of this stamp to a woman of similar impulses, we shall have offspring which will be a terror to society. If the afflicted person be a woman, the doctor's task is far from being an easy one. That the girl should marry, and soon, is desirable, but the quality of the husband must be looked up, for if he be not unusually competent, there will be another broken home. At the same time he must not be a mere healthy animal, but needs to be possessed of strong mentality; and this will to a certain degree balance the animalism of the wife.

These few remarks will serve, the writer hopes, to stimulate an interest in this vitally important matter. Let the practician realize that he has something

While hemorrhage, leucorrhœa or (and) pain are usually present in endometritis there may be no symptoms,

Carcinoma, sarcoma, sub-mucous polyps and retained placental tissue may give rise to endometritic symptoms,

more to do than deliver the parturient woman; that he owes it to humanity to understand the procreative act from inception to finish, and that according to

his understanding thereof, so will life after life be normal and pleasant, or abnormal and unspeakably bitter.

Chicago, Ill.

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### INTUSSUSCEPTION IN CHILDREN.

By Bayard Holmes, B. S., M. D.

Professor of Surgery in the College of Physicians and Surgeons, Chicago.

**T**HE physician is often required to treat a sudden and severe disease in children in which the greatest expedition is necessary, and in which the possibility of a favorable termination depends largely upon the issue of the first twelve hours. During the first months of life, and in children suffering from marasmus or intestinal disorders, and even in apparently healthy children, an intussusception, or invagination, or telescoping of the bowel, is a relatively common disease. In 1,000 operations for intestinal obstruction Gibson found 187 due to intussusception. In 295 cases of acute intestinal obstruction Fitz found 93 due to the same cause; 52 males, 41 females. Of these 34 per cent were in children under one year of age, and 56 per cent in children under ten. In 50 per cent of the 103 cases of intussusception collected by Wiggins, the maximum age limit did not exceed six months.

There is no disease of the abdomen in children so easily diagnosed as intussusception. The onset is so sudden, the symptoms so pronounced, that in the great majority of cases, without subjective symptoms, the diagnosis is easy. Similarly there is no disease of children in which surgical interference is so necessary or so effective.

An intussusception is the result of the

passage of an oral portion of the gut into the adjoining anal portion, or, if we accept the evidence of repeated laboratory experiment, it may more precisely be expressed as the reflection, by a reverse peristalsis, of the anal portion of the gut over the adjoining oral segment. In either event the condition produced is the same, and it is tritely but not inaptly compared to the partial invagination of the finger of a glove. As produced in laboratory animals it is dependent upon purely physiological causes.

The pathologic invaginations are the only ones demanding clinical attention. As a rule they are single in children, and there are no anatomical conditions known to precipitate them. In adults they are frequently due to tumors of the *mucosa* or the *muscularis* of the intestine. In children they occur in such a way as to involve the ileum within a few inches of the ileocecal valve, or the valve itself, together with portions of the ileum and colon. Seventy per cent of all cases are of the ileocecal variety. The theories of invagination are of little clinical importance. The anal portion of the gut involved in the process must become distended, while the oral portion, as it is received into the advancing intussusceptum, carries its proper mesentery along with it, thus

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Gonorrheal endometritis is the form which gives the most profuse and stubborn discharge.

Decidual endometritis can only be guessed at during pregnancy, microscopic examination after labor will settle.

adding to the general bulk of the contained tissues, and providing an impediment to its circulation which is of the nature of the "vicious circle." The obstruction of the venous circulation, which is the first to occur, results in an edema of the intussusceptum. It becomes greatly swollen, and is thus the more securely held in place. The violent peristaltic action of the bowel produces abrasion of the mucous membrane of the intussusceptum, indicated by tenesmus and by the passage of a bloody mucus. In from twelve to twenty-four hours these abraded areas become invaded by microorganisms, and infection is added to the already complex condition. The obstruction of the mesenteric circulation becomes more complete, and necrosis and gangrene of the involved gut ensue. If firm adhesions have formed between the peritoneal surfaces of the intussusciens and the intussusceptum, the gangrenous segment of the gut may be passed off together with portions of the mesentery. In this way recovery is said to occur in a few cases, especially in vigorous youths and in adults. As a rule, however, infection of the surrounding peritoneum occurs in from twelve to twenty-four following the attack. The intussusception is then characterized by the onset of febrile symptoms, and may, during this stage, be mistaken for an appendicitis. With the initiation of infection, ends the period for favorable operation, and to the treatment are then added all the difficulties of a local peritonitis.

It is a well-recognized fact that males are more subject to intussusception than females. In Gibson's collection of cases

72 per cent were in males, and 28 per cent in females.

The etiology of intussusception is far from being clear. In more than one-half the cases recorded no assignable cause for the disease was discoverable by the best of observers. Fitz states that in forty-two out of forty-five cases there was no evident exciting factor, although, in the lack of more positive findings, etiological significance might have been conceded in twelve of these cases to diarrhea, in twelve to chronic constipation, in seven to protracted abdominal pain, in six to the taking of indigestible food, in four to violent exertion, and in three to trauma. Individual cases occurred in typhoid fever, in variola, in gastro-enteritis, in pregnancy, and one followed the administration of cathartics after an operation for incarcerated hernia.

The history of a typical case of intussusception is somewhat as follows: The patient is a little boy less than a year old. He has been fed for a few weeks on some artificial food. He is suddenly seized by a fit of violent crying and refuses to be comforted. The appearance of the child alarms the mother and a physician is called. By the time of his arrival the child is in a profuse sweat from protracted crying, and has, perhaps, fallen asleep from exhaustion. The physician fails to recognize any cause for the mother's anxiety, and fails also to make any palpation of the child's abdomen for fear of waking him and exciting another paroxysm of crying. He leaves some *placebo* for the little patient, and recommends an enema. Perhaps he discovers that the child has been suffering from a diarrhea, and prescribes an intestinal antiseptic, with



Gonorrhea is the most common cause of decidual endometritis; the main symptom of which is bleeding during term.

Mercury and ergotin must be thrown into muscle, morphine into subcutaneous tissue only—brandy or whisky also.

possibly some small dose of opium. No sooner has the physician left the house than the child awakes with another and more agonizing crying spell. The mother makes a vigorous search for pins, and discovers that the child has had several scanty movements of the bowels, in the last of which, only three or four hours after the onset of the attack, there are evidences of blood. The child's anus protrudes, and all the abdominal and perineal muscles are violently contracted with tenesmus. Now for the first time the little boy vomits, and this act is often repeated during the succeeding course of the disease. The physician is now recalled.

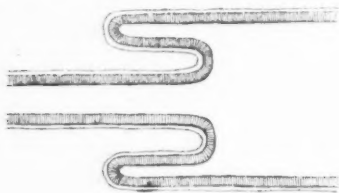


FIG. 1.—Diagram

He observes the temperature of the patient and finds it either normal or subnormal, or possibly, if more than six or eight hours after the beginning of the attack, it may reach to 99 or 100. The pulse is rapid, from 110 to 130. The abdomen is tense, but not distended. So soon as the violent tenesmus has passed the abdominal wall may be palpated, and now in the right side there is to be felt a long, soft, somewhat sausage-shaped tumor. Pressure upon this tumor gives rise to violent contractions of the abdominal and perineal muscles and to evident tenesmus. During these paroxysms there may occur sudden urination.

After the first twelve hours the abdomen begins to increase in size, the in-

testines become distended with gas, the temperature begins to rise, the child's thighs are held flexed upon the abdomen. The crying is less frequent and not so violent. Respiration becomes superficial and rapid. The pulse is quick, from 120 to 160. The face has acquired the dreadful Hippocratic expression, and dark rings appear under the eyes. The discharge of blood from the rectum is continuous and excessive, and death occurs in from twenty-four to forty-eight hours after the beginning of the attack.

If we confine our attention entirely to cases of intussusception occurring in children, which make a distinct clinical group, the symptomatology is very pronounced and highly colored. Boas says: "Of all forms of intestinal obstruction, intussusception presents the most favorable conditions for early diagnosis." The most prominent symptom, and the one first to attract attention, is the onset of severe colicky pain, which in the suckling usually appears while the child is at the breast, and in the slightly older child while he is eating. This pain is agonizing, continuous, and in children frequently produces convulsions or collapse, which latter may, in some cases, be so severe as to render death imminent. The pain is attended by such violent peristaltic movement of the bowels that the abdominal walls are raised into distinguished shifting ridges. After the pain has endured for an hour or more the child becomes exhausted and may even fall asleep in a collapse and cold sweat. Then a new paroxysm is initiated, accompanied by more violent peristalsis and the passage of a bloody stool. The anal sphincters are paralyzed, and the mucous membrane of the rectum protrudes. This paralysis of the



One of the chief reasons for delayed recovery after joint injury is too prolonged inaction.

In delirium tremens when the pupils are contracted you take a great risk if you exhibit opium in any form.

sphincters is said to be earlier and more complete in invaginations involving the cecum or colon. Pain is present in practically every case.

Vomiting is a very constant, pronounced, and early symptom. In almost all cases fecal vomiting occurs after a few hours of suffering. With the initiation of severe pain the contents of the stomach are usually ejected, and this first eructation is followed by repeated and painful attempts at vomiting with every renewed peristalsis of the bowels. It is probable that the vomiting is earlier and more constant as the obstruction is the more complete.

The character of the stool is a very significant, and to the mother a very alarming, symptom. After the first evacuation, which follows hard upon the initiation of pain, the stool becomes first watery in consistency, and slightly tinged with blood, and later bloody, with only slight traces of fecal matter. This relative absence of fecal matter is a symptom of great diagnostic value. In from twelve to twenty-four hours succeeding the first attack shreds of mucous membrane, and even long pieces of the necrotic intussusceptum, may be passed in the stool, but such an issue should never be awaited. In less than 20 per cent of cases of acute intussusception the bloody stools are absent, and then only in the less severe or subacute cases.

Tympanites, distention of the abdomen, or meteorism, is a rather late symptom of the disease. It is early in case the invagination produces a complete obstruction of the bowel. It usually indicates the onset of an infectious peritonitis, and the end of a hopeful period for surgical interference.

Drunkards' children and sufferers from liver and splenic disease bear the loss of blood equally badly.

The most positive diagnostic symptom is the appearance of tumor. This is usually to be felt in the right inguinal region as a long, soft and exquisitely tender mass. In order to recognize the tumor with certainty it is sometimes necessary to anesthetize the child. It varies in bulk from the size of a hen's egg to an enormous mass half filling the abdomen. In the latter case it is often mistaken for a fecal impaction. The tumor is somewhat movable, especially its upper or left end. It is easily indented with the finger, but does not long retain such indentation. It frequently pulsates, and when very extensive, or when it is in the descending colon, it occasionally protrudes through the anus.

Up to the end of the first twelve, or, in less acute cases, the first twenty-four, hours, the temperature is normal or subnormal; but with the appearance of the bloody stools one of two possible fluctuations in the temperature may be noticed. In the one case hemorrhage may be so great as to reduce the temperature considerably below the normal, and in the other event infection may come on so rapidly as to elevate the temperature to a considerable height. After the first twelve or twenty-four hours of the disease there is certain to appear a peritonitis with tympanites and a coincident rise of temperature to 101 or even so high as 105.

The heart's-action is greatly accelerated from the very first. With the convulsion or collapse which follows the initial agonizing pain the pulse rate is markedly quickened, and in direct proportion to the severity of the collapse it is weak or imperceptible at the wrist.

The face rapidly acquires the Hippocratic look. I know of no observa-

More than one man has gotten into trouble by neglecting to test the urine for albumin before giving morphia hypo.



tions on the condition of the blood and urine in the course of an invagination in a child.

The diagnosis of intussusception in acute and hyperacute cases ought to be made with ease, and during the first two or three hours of the disease. The symptoms are more sudden, more severe, and more pathognomonic than those of

tumor. There is, however, the presence of the round and rapidly increasing tumor dependent in the upper part of the abdominal cavity. In incarcerated hernia the hernia is usually present, or there is the history of a hernia which has been reduced. The bloody stools are absent, and an immovable tumor can usually be found in the region of the

internal abdominal ring. In appendicitis there may be present the characteristic tumor, but the bloody stools are absent, and the temperature and leucocytosis are out of all comparison with the same features as they exist in intussusception, except in the very late stage of this disease. In appendicitis the appearance of tumor is usually preceded by tympanitis and partial obstruction of the bowels, and by a period in which there was fever, vomiting, and intermittent abdominal pain.

The prognosis in intussusception in the very young is so unfavorable that it may be declared an absolutely fatal disease. In 1897 Gibson tabulated with great care all the cases of intussusception, 239 in number, which he found recorded in medical literature. In this entire list there is no record of recovery from irreducible intussusception in a patient under seven years of age, and there are only nine cases of recoveries in older patients. At the very best not more than 10 or 15 per cent of these children recover when they present symptoms which could reasonably establish the diagnosis. In these rare cases the gut seems to return to its normal condition, either as the result

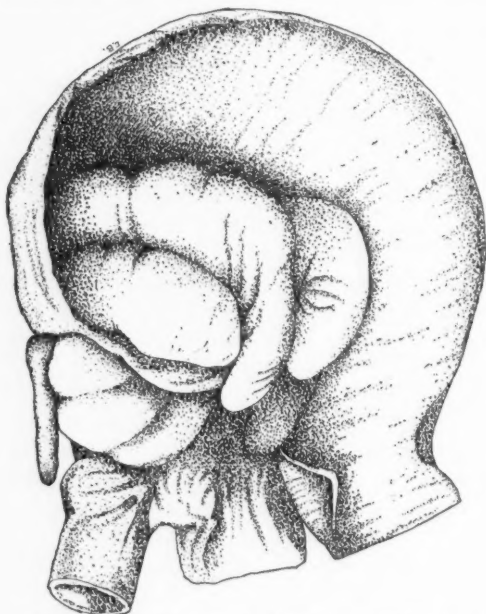


FIG. 2.—A sketch from an ileocolic intussusception observed through the interior of the secum, the upper portion of which has been cut away. (From Boas, *Diagnostic und Therapie, Der Darmkrankheiten*.)

volvulus and incarcerated hernia, for which conditions it may reasonably be mistaken, and they are not very similar to those of appendicitis, for which they have occasionally been misinterpreted. Volvulus is an extremely rare condition, especially in children. Its symptoms are similar to those of intussusception, except for the absence of the bloody stools, and of the long, sausage-shaped



It is best to always use an exhaustion syringe in any tapping you may do to relieve effusions in chest.

Do not attempt to remove a buried needle with thread in by the thread: use the latter as a guide to cut by.

of the administration of an anesthetic, seconded by a large enema and manipulation, or spontaneously after relieving the pain with large doses of morphine. In all these reported recoveries the observations have been so slovenly, and the diagnoses so uncertain, that one is justified in holding them in doubtful esteem. If the patient is observed during the first few hours of the disease, and if the diagnosis is confirmed by the presence of the tumor and the bloody discharges, an immediate laparotomy is to be recommended. If the child is observed after the onset of peritonitis, certainly no physician even would believe that a reduction of the intussusception were possible, or that an attempt at the insufflation of air or the injection of water could be other than a menace to the life of the patient. Every hour that passes after the first few necessary for diagnosis only adds to the unfitness of the patient to withstand the traumatism of operation, and the probability that the resection of the tumor will present insurmountable difficulties.

The fitness of a surgeon to operate upon a case of intussusception depends upon his ability to perform a resection of the bowel under trying and somewhat unfavorable conditions. Since the thought of delay is not to be entertained, even the surgeon who is not possessed of the highest skill must hold himself in readiness to meet this trying emergency, and this he must not refuse to do because he fears to encounter unusual difficulties, perhaps a surgical impossibility, with later the criticism of a fatal termination. A strangulated hernia, an intussusception, an obstruction of the bowels from appendicitis, and perfora-

tion of the bowel from typhoid ulcer, demand surgical interference every time they are encountered, and that without delay or consultation.

The operation is performed with the best surgical surroundings which can be improvised. The abdomen is opened widely either in the median line, or, when the tumor is in the right inguinal region, by a long incision on the outer border of the right rectus. As soon as the tumor is approached, and the general peritoneal cavity is walled off by protecting compresses, a very cautious attempt should be made to reduce the invaginated gut. This is usually impossible of accomplishment, and not devoid of danger. The intussusciens is grasped in the hand, and an assistant makes careful pressure upon the included end of the intussusceptum, while the operator makes traction upon its oral end and its mesentery. Occasionally the spud or dull dissector may be used in breaking up any trifling adhesions which may have united the peritoneal surfaces of the invagination. If this gentle manipulation is followed by the reduction of the invagination, the operator has yet to decide whether or not the gut has undergone such degeneration as to make resection imperative.

If he decide to leave the gut intact, he must ask himself how he can best prevent a recurrence of the invagination, and how cover the gut with peritoneum. Probably the best method and the safest is to surround the abraded gut and mesentery with an omental wrapper. This procedure should be remembered, however, as a possible cause of subsequent trouble; an omental band, a hernia behind it, or a volvulus and obstruction



Never cut directly down on a needle: make two incisions at right angles and dissect up from the point.

Make sure by auscultation and percussion the right spot before you tap a chest in paracentesis.

of the bowel. The gut may be resected if too much destroyed to be safely left behind, and it must be resected if reduction is impossible.

The method of making the resection must depend upon the skill and experience of the operator. With no special surgical instruments the method of Connell can readily be carried out. The invaginated portion of the ileum is clamped with a pair of artery forceps placed transversely to the long axis of the gut, and extending only as far as to the beginning of the mesentery. The point of the forceps should reach the

and the intussusceptum is drawn out of the enclosing intussusciens and cut away from its mesentery and from the gut which is clamped by the forceps first placed. Great care must be taken to separate the gut from its mesentery so as to leave the mesentery as long as possible, and also to cut away all of the mesentery that has become necrotic or dangerously thrombosed. During the manipulation incident to the resection, the adjoining intestine is protected by thin gauze laparotomy sponges, walling off the rest of the peritoneal cavity.

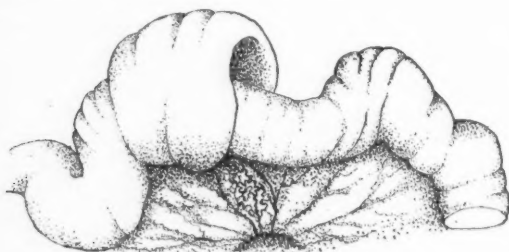


FIG. 3.—A short ileac intussusception showing the edema of the gut and its mesentery. (From Hemmeter.)

mesentery a short distance from one of the recognizable branches of the mesenteric artery, for upon the preservation of this blood supply may depend the success of the operation. The intussusciens is then lifted up into the wound, and with a scalpel an incision is made in the distended gut, at a point as near the oral end of the intussusciens as the branch of the mesenteric artery above selected will permit, and is carried around the gut to meet a second artery forceps which has been thrust through the mesentery at a point opposite the beginning of the incision. This second forceps is clasped upon the mesentery in the direction of the one first applied,

After removal of the tumor the suture is performed in the manner directed by Connell. The greatest care must be taken to securely close the mesenteric wound after complete arrest of all hemorrhage. The crucial point in the entire procedure, however, consists in securing to the cut edge of the mesentery, and to the coaptated portions of gut, an adequate blood supply. If after the resection is completed, and the suture placed, the coaptated gut is not well supplied with blood, no favorable issue can be expected.

Occasionally the invagination is complicated by an appendicitis, or by the inclusion of a portion of the omentum. The appendix should be removed with the head of the colon, or appendicectomy may be performed as a separate operation. If the omentum is involved, it should be ligated and its cut end rolled in so as to be covered with peritoneum, and fastened in this position with a row of catgut stitches. Per-

Keep a record of your gynecological cases: it will help you wonderfully in making comparative diagnoses as you go along.

The more skillful the examiner the less pain will he cause: it is the neophyte at gynecology who hurts women.

sonally I cannot recommend any form of extrusion of the tumor any anastomosis, or the production of an artificial anus, and certainly everyone must agree that no time should be wasted in

dangerous and fruitless attempts at insufflation of air, or of hydrogen gas, or the injection of water to reduce the intussusception.

Chicago, Ill.

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### INTERNAL HEMORRHOIDS.

By Charles J. Drueck, M. D.

Professor of Rectal Diseases, Harvey Medical College; Attending Surgeon to Lakeside Hospital, Chicago.



INTERNAL hemorrhoids are varicosities of the middle or superior hemorrhoidal vessels and arise entirely within the anus. They begin at the points of anastomosis between the portal and rectal systems, usually just within the anus, and gradually extend up a variable distance to the larger trunks and plexuses. The causes and development of internal hemorrhoids are much the same as those of the external variety, and their appearance is very similar, although they differ in color. The internal hemorrhoids are covered with mucous membrane and are bright red in color, except the old venous variety, in which the mucous membrane from exposure assumes a cutaneous appearance. A given patient, however, may have both external and internal hemorrhoids, and even all varieties of internal at one and the same time.

#### VARIETIES.

There are two chief varieties: Capillary and Venous, although some writers include a third, the Arterial form.

Capillary.—The capillary hemorrhoids are smaller sized tumors than the venous, and are rarely larger than the end of the little finger, and sometimes very much smaller. They consist of

superficial vessels in the mucous membrane, the capillaries and veins, which in reality form an erectile tissue resembling an arterial *naevus*. They are spongy in texture, and resemble a strawberry in appearance. Early in their existence they have a granular surface covered with a thin wall and are therefore very liable to bleed. Later, plastic exudate and thickened areolar tissue cover the vessel and hemorrhage is less likely. The most gentle examination or even the passage of feces is sufficient to start hemorrhage. I recall a case which bled copiously, and on examination the pile was no larger than the head of a black pin. Excessive hemorrhage, particularly if spurting in character, is pathognomonic of the capillary variety of hemorrhoids. Frequently large amounts of blood are lost and a number of deaths are recorded as resulting from this cause. Of course, a large capillary or arteriole is involved in such a case. This tendency to great loss of blood makes the capillary hemorrhoid much more dangerous to the patient than the venous variety. The capillary hemorrhoid may exist alone or be associated with the venous variety and a given hemorrhoid may be made up of both forms.



Be sure to warn the patient and his friends that the deformities that follow burns are often extensive and unavoidable.

Think twice before you insert a speculum into a maiden vagina—and then don't do it if you can possibly avoid it.

It makes little difference in the radical treatment which variety is present, but in the palliative treatment this distinction is imperative, for the patient may become exsanguinated while the physician is temporizing with injections or the application of styptics. The capillary variety rarely protrude, cause any pain, or produce any of the discomforts which are attendant upon the other varieties of hemorrhoids. Hemorrhage itself is the cardinal symptom, and requires energetic and sometimes even heroic treatment.

**Venous.**—The venous variety is more common than the capillary and consists of a large tumor about one-half to one inch across its base, with a mucous membrane covering, which glistens and is bluish or livid in color. Mathews reports seeing one as large as a small orange, and of course, such a sized tumor would block up more or less the whole lumen of the rectum. The venous hemorrhoid is situated in the sub-mucous connective tissue, and is formed of a dilated and varicose vein with its venous capillaries, together with its arterial capillary supply, for these tumors are not purely venous. The hemorrhage, however, is generally venous and not serious, at least in a healthy subject. Sometimes, in an anemic or advanced tubercular patient, the loss of even a small amount of blood may be alarming. In many instances the bleeding temporarily relieves the condition in plethoric, uremic or atheromatous subjects. Bleeding does not occur under ordinary conditions and only rarely from the traumatism of the passage of constipated movements, but results from ulceration and is usually oozing in character. Sometimes a cavern-

ous blood space is opened by ulceration or laceration and the hemorrhage may be quite severe. With each bowel movement the hemorrhoidal mass acts as an obstruction and the feces are forced through. This increased muscular action drags down the hemorrhoid and the adjoining mucous membrane until they prolapse, thereby increasing also the size of the hemorrhoid itself. Finally, when they have attained considerable size, they prolapse easily and are difficult to replace as they act as foreign bodies and tend to excite the sphincters,

**Symptoms.**—Hemorrhoids sometimes exist for years without causing any symptoms and again cause severe symptoms from the very beginning. They probably set up more reflex nervous symptoms than any other disease. When they are of large size they produce a sensation of fullness or distention of the rectum, as if some foreign substance were present. During defecation the tumor is forced within the grasp of the sphincter, and tenesmus is set up, with also a feeling of nausea and sickness. Sometimes the tenesmus is agonizing and its daily repetition exhausts the patient. After each bowel movement he must replace the hemorrhoid with his finger and in doing so is likely to induce a spasm of the sphincter. If the hemorrhoid is allowed to remain within the grasp of the sphincter, it becomes strangulated and finally gangrene develops and the hemorrhoid sloughs off. Thus nature attempts to cure the trouble. Sometimes the slough or the surface beneath becomes infected and pyæmia, with perhaps fatal results, is the termination; or an abscess develops and a fistula is the sequel. If strangula-



In giving an opinion as to the virginity of a woman it is best to err on the side of purity. Think before you talk.

If possible do not make examinations of women after they have had a full meal or are tired and nervous.



tion and sloughing do not occur, the sphincter gradually becomes relaxed and the piles are forced out with coughing, sneezing or stooping and remain out altogether. An acrid, irritating mucous discharge from the anus, due to the chronic proctitis, keeps the perineum moist and often excoriated, thus favoring the growth of warty excrescences. External hemorrhoids also develop from the degree of prolapse that occurs.

Bleeding in some degree is a symptom of all internal hemorrhoids. It may be slight—a mere streaking of the passages—or profuse enough to cause fainting. Frequently hemorrhage follows each movement of the bowels for a while, and then ceases for several days or weeks only to recur again about the time the patient thinks he is cured. This constant loss of blood produces an anemia very suggestive of malignant disease. Prolapse of the tumor always favors bleeding. In women a hemorrhagic flux sometimes replaces menstruation, and in apoplectic subjects or those with atheroma, this periodic loss of blood lessens the tension of the blood vessels, and thus diminishes the tendency to rupture of the cerebral vessels. In such cases the prudent surgeon hesitates before removing the outlet.

Hemorrhoids of any variety are prone to exacerbations of inflammation followed by periods of rest. During the inflammation they are very liable to ulcerate, slough, or develop abscesses beneath them. When the tumor is swollen or strangulated and actively inflamed, the sphincter alternately contracts and relaxes, causing excruciating pain which lasts until the hemorrhoid sloughs

off, is operated upon, or is relieved by local remedies. In old cases the hemorrhoidal wall becomes tough and hypertrophied.

#### DIAGNOSIS.

The diagnosis of internal hemorrhoids *per se* is quite easy, but the differentiation of the variety is much more difficult. Hemorrhage is the chief symptom and may be either venous or arterial in both varieties. The patient's description is something like this: During defecation, and perhaps before the bowels have completely moved, a more or less severe hemorrhage occurred, which lasted some time after he had finished his toilet; the blood came in spurts and was bright red; a dizzy feeling came on and he became pallid and clammy; there was little or no pain and no protrusion to be seen. With such a history, the rectum should be thoroughly examined in a good light and with a speculum. The hemorrhoid may be small and elude digital examination, as it is soft and velvety, but with a speculum it can easily be found, because the stretching of the bowel in dilating with the speculum usually starts the hemorrhage afresh, and the blood spurts or bubbles from the hemorrhoid. This is the capillary hemorrhoid.

In another case the patient says that after the bowels move he has to retain his seat because the blood continues to drop for several minutes, and if crowded for time he has to go about his duties with the blood dripping and soiling his clothes. Here the hemorrhage is less severe because the connective tissue growth takes on a plastic infiltration, forming a thick covering which can be torn only by such a considerable force as is only occasionally applied. The

A woman is presumably sterile if three years pass without conception despite efforts to the contrary.

Before giving drugs to a pregnant woman think well of the possible effect on the foetus in utero.

rectum feels as though it were only partially emptied and he strains trying to expel something. Usually on palpation he feels the hemorrhoid within the grasp of the sphincters and unless it is replaced the tenesmus continues for perhaps hours. This is the venous hemorrhoid.

The capillary hemorrhoid is soft, spongy or granular and easily yields or tears on pressure. Hence hemorrhage results from even a slight injury, and thus the small capillary hemorrhoid is a source of great danger to the system from loss of blood, while the large, well-formed venous hemorrhoid is not so dangerous. The venous hemorrhoid, when of large size, will protrude, and if a patient having hemorrhoids assures us there is no protrusion, we suspect internal hemorrhoids of the small and more probable capillary variety. Digital examination is unreliable in diagnosing internal hemorrhoids, because even good-sized tumors cannot be detected after they have been returned within the rectum, unless pedunculated. Inspection assists only if there is protrusion. Let the patient retire to the lavatory and strain a little, trying to force out the hemorrhoids. If this fails or is not convenient, dilate the sphincter with a bivalve speculum and the pile tumors usually fall in between the blades. If the tumors are low in the rectum they may readily be seen by inserting one blade of a Sims speculum.

Uncomplicated internal hemorrhoids cause little or no disturbance but when they become inflamed or ulcerated they cause great pain and distress. This condition is popularly called "an attack of piles" and applies to both the internal and external forms when inflamed.

They may remain quiet for a long time and then without any apparent cause become inflamed. Later the condition subsides and the patient considers himself cured. In detailing the condition he may say he "has had piles before but was cured" by some remedy or other. Of course the hemorrhoids are there but are not producing any symptoms. Although generally no apparent cause of the inflammation is known, yet in many instances the attack is precipitated by diarrhea, exposure to cold, bicycle or horseback riding, excessive venery, alcohol, tobacco or sometimes uncleanness or rough handling of the parts with coarse paper in the toilet.

Other symptoms of internal hemorrhoids are vague and uncertain, as they occur in other rectal troubles and many arise from remote causes. Pain in the thighs and back, sensation of heat or burning in the rectum and frequent micturition are all too unreliable to be considered worthy symptoms of any particular disease. It is well to take into account only such definite indications as relate directly to the rectum and anus, but these significant tokens should require a thorough examination.

Constipation must be considered only a coincident with internal hemorrhoids and not a specific cause, because fully as many patients are not constipated as are; and while temporary obstipation occurs occasionally in every one, internal hemorrhoids are frequent in those whose bowels have always been regular. Hereditary predisposition to hemorrhoids is very pronounced and commonly a whole family is afflicted, or the patient says his parents or grandparents were treated for the disorder. Women who have borne children nearly all suf-



The formation of the placenta begins in the second month; its limits are completely defined by the end of the third.

As a fact the duties of the obstetrician are more onerous during the last months than at full term.

fer from hemorrhoids which frequently are much prolapsed. Children only rarely have the internal variety, nor is it common in old age, although the persons may have endured considerable earlier in life, because the hemorrhoid ultimately atrophies or, as the laity say, "dries up."

All patients afflicted with hemorrhoids assume a careworn appearance, deteriorate in health, and become anemic and emaciated.

The mucous membrane between the hemorrhoidal tumors is thrown into horizontal folds which become lacerated by the hard feces passing over them, and fissures result. In other cases these folds stretch and the whole ring of mucous membrane prolapses during defecation. After internal hemorrhoids have been diagnosed, all other pelvic organs should be examined to determine their relation to the rectal trouble. An enlarged prostate or urethral stricture by necessitating straining during urina-

tion will aid in the development of hemorrhoids. A displaced uterus or diseased ovary, a calculus in the bladder, hernia, varicocele, proctitis or colitis may be the cause.

It must be remembered that any one of these is sufficient not only to produce the hemorrhoids that brought the patient to us, but if we remove these hemorrhoids ever so carefully and radically and fail to remedy the exciting cause, the hemorrhoids, are sure to return. The treatment of any other diseased condition bearing on the rectum or obstructing its venous flow is fully as essential as the thorough removal of the present existing tumors. The writer has seen a number of such cases where the hemorrhoids had been removed and new ones developed and where when treatment was directed to these adjacent organs the hemorrhoidal trouble was permanently cured.

Chicago.

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#### SPINA-BIFIDA. ITS DIAGNOSIS AND TREATMENT.

A correspondent of the CLINIC writes: "What is the best treatment for spina-bifida? Kindly describe the operation therefor."

The general locality of this congenital deformity is in the lumbar region, at least fifty per cent of the cases being so situated. The condition may be diagnosed by observing the facts that the tumor is congenital; that it is in a central position; that by pressure it may be materially reduced in its size; that when pressure is brought to bear there is noticeable an increased tension of the fontanelle. This pressure may be fol-

lowed by stupor or even convulsions. On palpation the bony margin of the cleft in the vertebral structure can be distinguished at the tumor's base. When the child cries, coughs or strains the tumor becomes more tense. Sometimes the tumor is more or less translucent and, when this is the case, opaque bands—consisting of the cord or adherent bands—may be seen on the inner wall. The tumor is apt to be co-existent with other deformities; hydrocephalus, talipes, or paralysis of the bladder or rectum. Finally, the cutaneous covering may be lacking over the

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When you have a tumor of the breast in a young woman think of the possibility of chronic abscess.

Don't get into the habit of treating all cases of leucorrhea the same way: see if discharge is acid or alkaline.

growth. Not all these symptoms are present in every case. Some are seen in one and others in the next, but the doctor who has any kind of idea of spina-bifida in his mind is not apt to confuse the condition with any other growth or abnormality.

The treatment, if not operative, is not often of much account. Those cases which have a sound skin covering may be bettered by enveloping in cotton and subjected to the firm, gentle pressure of an elastic bandage. In some few cases two or three coats of collodion have caused the tumor to shrink. The probability of a favorable ending is, however, slight, as in all these cases nearly, the child is small and illy-nourished.

Excision offers the best prognosis. Injection with iodine, the use of the seton, etc., have, one after the other, been tried and rejected.

In a series of 87 excisions the mortality was 23, or a percentage of 26.4. This is not as favorable as it might be but there is no question but that operative measures are gaining ground in the opinion of the best men.

Bayer operated in this way: From the skin covering, two lateral flaps were made and these were dissected down to the tumor's pedicle. The sac of the meningocele was then opened. It was loosened after the incision was dilated and was replaced in the spinal canal. The sac of the meningocele was then removed, leaving, only the two lateral flaps of the dura, which were sewn together after a thorough antiseptic cleansing of the wound. The muscles and skin were afterwards brought together separately. The case was successful.

In some cases the rudimentary arches

of the defective vertebræ, have been divided at the base by bone forceps or a chisel and mallet and displaced towards the middle line, so as to close the defect.

The injection of Morton's fluid may be tried in non-operable cases. A solution is made as follows: Iodine 10 grains, iodide of potass. 1 dram, glycerin 1 ounce. A syringe which will hold two drams is fitted with a moderately fine trocar and a puncture made in the healthy skin well to one side. The puncture must not be made through the membranous sac-wall so as to avoid wounding the cord or nerves. A small amount of fluid should be withdrawn, and from one dram to two of the solution injected. The child should be placed on its side and a little chloroform may be given or ethyl chloride used, locally, over the site of puncture. Great care must be taken not to allow escape of the cerebro-spinal fluid as this may lead to meningitis and death. On withdrawal of needle the tissues should be pressed in and the puncture covered with a coat of collodion.

C.

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#### WANTED, A CURE FOR AURAL ECZEMA.

A plethoric fellow, 37 years old, no tuberculosis, diabetes or syphilis, had ten years ago, *pityriasis capitis* and seborrhœa which resulted in a gradual destruction of the hair follicles to the extent of marked thinness of the hair crop. The ear gradually became involved and as a result there was an aggravated case of cerumenosis—the man trying to keep the wax from impaction in the canal by free and vigorous use of a hair-pin. He promptly developed a furunculosis of the

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Remember that the treatment which will cure an acid leucorrhœa will aggravate an alkaline one—and vice versa.

The smallest "lump" in a breast of women over thirty is to be viewed with suspicion and removed generally.

extremity of the external auditory canal and for this he came under my treatment. I gave him aural douches of bichloride 1-1000, and incised the furuncles time after time. They do not extend further than the osseo-cartilaginous junction, ranging outward to and involving the tragus.

The osseous portion is congested slightly in the walls, down to and including the drum. No furuncle has as yet formed in these parts but there is a profuse sero-sebaceous exudation, so weeping in character that it has suggested to my mind eczema of those structures and for which I am insufflating borosalicylic acid. This, after douching with an antiseptic, astringent solution, evacuating the little abscesses and applying some absorbent cotton. The latter I saturate with ichthyol 20 per cent, lanoline 80 per cent. I am giving the man calcium sulphide day after day and three times a day together with "constitutional strengtheners" like arsen. iodide, cod-liver oil, manganese, etc., I also look well after the elimination. In spite of all I can do the disorder doesn't seem to diminish and I will thank any aurist (or G. P. for that matter) who will make any suggestions looking toward a cure.

M. G. CHAUNCEY, M. D.

—, Georgia.

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#### "TO CUT OR NOT TO CUT THE CORD?"

The July SURGICAL CLINIC has just reached me and as usual is chockful of interesting, helpful reading matter. We offer a few thoughts in response to Dr. Candler's problem "Should the Umbilical Cord be Cut and Should it be Tied? If

So, Why? and If Not, Why Not?" In offering my solution of this pertinent, and just a little bit perplexing problem, I will recite briefly my practice and experience covering a period of a quarter of a century in the practice of the obstetric art.

Immediately after the birth of the child it is wiped dry, being careful to see there is no mucus in the child's mouth to interfere with respiration. The womb is next sought for through the abdominal walls, and gently kneaded to insure firm and prompt contraction. At the same time the finger tips of the left hand are resting on the radial artery of the mother. Finding these two important features in a normal condition I next look after the child; always waiting until pulsation has ceased in the cord before applying the ligature or clamp. The time thus occupied covers a period of five to eight minutes. Of late I generally use a clamp as being convenient, safe and also probably impressing the family and friends of our ability and mechanical equipment and fitness. A very little thing goes a long way with the laity.

After the placenta has been removed and the mother made comfortable, I personally superintend the cleansing of the child, dressing of the cord and application of the binder. The surface is covered with a liberal amount of warm, melted lard which softens and greatly facilitates the removal of the *vernix caseosa*. A soft cloth wrung out of hot, clean water, is used in wiping the body of the child. No bath is given at this time. A ligature is now applied and the clamp removed. As a cord dressing I use three or four pieces of old, soft cotton, four inches square with holes cut below the center through which is slip-



On no account allow yourself to be slovenly enough to use cotton as a tampon material: use wool or nothing.

If you cannot afford to use wool as tampon material in your cases, use the prepared wood-wool; it is A. 1.



ped the umbilical cord. One layer is now used to wrap up or cover the cord and the bandage applied. For many years I have always used a double ligature and cut between the ligature and the umbilicus and an alarming hemorrhage ensued. Now it is my opinion that we should wait until some little time (say five or ten minutes) have elapsed after pulsation has ceased in the cord, and then sever with a chain *ecraseur* so as to lacerate and compress the umbilical vessels thus leaving a condition of affairs somewhat like that which obtains in the cord which has been severed by being torn as in the case of the dumb brute by gravitation. In this kind of practice it would be safer to leave six or eight inches of the cord than to remove all but two or three inches, the greater length of cord being a better safeguard against a subsequent hemorrhage. *Apropos* the discussion of this question, we quote Dr. Charles White, the great London obstetrician, who says: "The common method of tying and cutting the navel-string the instant the child is born is one of those errors in practice which has nothing to plead in its favor but custom. Wait until respiration and circulation have been established in the child; as soon as this is perfectly done the circulation in the navel-string will cease of itself and if it then be cut no hemorrhage will ensue from either end." There is no trouble in applying the ligature and we can conceive of no possible harm coming from such practice. Now in the event that you did not tie and a hemorrhage should occur resulting in the death of the child, what then would happen? Well, it is hard to tell "how much and what all" would happen. There would be wailing and weeping and gnashing

of teeth and the unfortunate doctor would be damned from "Dan to Beersheba and in all the country round about," and it would come to pass that he would have to pack his grip and go to and sojourn in a far distant clime where he would spend a great portion of his time making good strong strings to tie navel-strings with and in this newly-discovered country, he would put on two or three strings to every baby that happened to be born in his presence, for, peradventure, there might another hemorrhage transpire.

JOHN A. SNOWDEN, M. D.

Wades Mill, Ky.

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#### STERILITY CURED BY B. U. T.

Mrs. C., the mother of one child, five years old, health had ever since last confinement, had suffered many things of many physicians and had been treated for endometritis, dysmenorrhea, prolapsus, salpingitis *et cetera ad infinitum* all to no benefit. She had almost given up in despair and was very hysterical; menstrual periods scanty and irregular. She had lost all of her old-time "snap" and energy and had become a "whiney," complaining, almost bed-ridden invalid. Her husband, who is a very ambitious young man, was almost ready to "throw up the sponge" for it took all his salary and more besides, to pay doctor's, druggists, nurses and domestics. He was one day telling me his tale of woe but not asking for medical advice for he really thought that his wife was incurable. I gave him some of my experience with the B. U. T. manufactured by The Abbott Alkaloidal Company and advised him to try them. Like the proverbial

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While you are attending a case you suspect is erysipelas do not attempt to dress wounds or confine women.

In going down to bone to remove necrosed portions do not use the knife to separate muscle: use handle or dry dissector.

drowning man he grabbed at the straw. I ordered the medicine and she began taking the pills according to directions. The next I knew of the case the husband engaged me to attend her in confinement.

The lady is not well of course; she was, and is too great a wreck for that, but, since she began taking B. U. T. she has not consulted a doctor nor has she taken one-fourth of the medicine she did before. At present she does a considerable part of her domestic work and hardly looks like the same woman. She still complains, oh yes, and affirms that she can never give birth to her baby, and that she has "womb disease," consumption, Bright's disease and in fact the whole catalogue of diseases laid down in the patent medicine almanac, still she will acknowledge that B. U. T. did wonders for her and that the present pregnancy is attributable to it. In which opinion I most heartily agree. Were it not making my letter too long I could tell you how the same medicine worked wonders for my sister for the most aggravated case of uterine colic it has ever been my misfortune to see.

I am not a thorough-going alkaloidist yet, but I am getting farther and farther away from the "straight and narrow way" of fluid extracts and tinctures, simply because I can't help it. When I try a thing, and it does better than anything else I have ever used, I just haven't got any better sense than to use it again.

EDWIN H. BOWLING, B. S., M. D.  
Durham, N. C.

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### THE DOCTOR "BEGS TO DIFFER"

In response to your kind invitation to take part in the discussion of the articles

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If you want to cure gonorrheal ophthalmia, wash the baby's eyes yourself: the "granny" will make a botch surely.

prepared by Dr. Geo. H. Candler, of Chicago, it affords me pleasure to respond.

The doctor writes: "In the hands of the doctor of to-day are the men and women of the future." I cannot concede that point. The physician occupies the same relation to the public, that the fire department does. It is called out only in case of a conflagration, and when the fire is extinguished, or the structure burned to the ground, it returns to its quarters to await the next call. It may promulgate rules and regulations to guard against fires, but it cannot prevent them.

Again: "To the family doctor \* \* \* comes the opportunity, etc." Family doctor, indeed! It is only the rich, who employ a family doctor, nowadays. The nearest approach to the family doctor, for the middle and poor classes, is the "lodge" or "society doctor."

The principle of benefit associations is a step in the right direction, but the execution is, at present, very superficial. Each order or union employs but a single doctor and he cannot do justice to all the cases coming under him, and the pay is so small that he subordinates his official duties to his private ones. Here is where the law should step in to uphold the principle, that a man cannot do two things at the same time and do both well; he should be either a public or corporate officer, or a private practitioner, but not both.

It seems to me, a step in advance, both for the public weal and for struggling doctors, would be the appointment of district physicians, at a moderate salary, each district so limited, that the physician could thoroughly examine one-twenty-fifth of it, in one day. The examination should consist of a general inspection of the body, physical diagnosis,

Before you use atropine in the eye be sure and test the extension, and examine for ataxia.

examination of the eyes, ears, nose, throat and genitalia (remember we have men and women physicians), of the blood and urine, and where necessary, of the sputum and secretions. The results should be tabulated and sent to the board of health, which could take such steps, as are necessary.

The duty of a district physician should be to examine every person living in his district, once a month, give him the proper instructions, remand such as are in need of treatment, either to their private physician or a public institution, to make out a full report for the board of health, once a month and to answer any emergency call in his district.

Such records would be of inestimable value as statistics, and as affording those contemplating marriage an opportunity to ascertain whether his or her affianced had any marked bodily defect, venereal disease, dyscrasia or neuropathic disturbances.

It is only by the enforcement of proper laws and discipline, that hidden diseases and vices can be exposed and made amenable to treatment. You cannot leave it to the discretion of parents and individuals, for blind love, fear, false modesty and deception, are passions too formidable to overcome except by the rigid enforcement of rigid laws.

E. GOODMAN, M. D.

San Francisco, California.

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Naturally we do not agree with the view the doctor takes of the doctors' position. Neither do we believe for one moment that he will find any great enthusiasm meet his suggestions relative to compulsory monthly examination of the citizens. A "man's home is his castle"—

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The strength of an atropine solution should be carefully considered before using in the eyes of very old people.

just so long as he does nothing therein that will injure the public weal—and to invade the sanctity thereof without due cause twelve times a year, would soon cause the home to be a stopping place only. As will be seen by the instalments appearing in the July (and this) issue, Dr. Candler believes that the man and woman who are about to marry owe it to society to be examined of their own free will—or in this case there might be a law making such precaution compulsory—but, as a whole, the idea is to teach people to do what is best for themselves and others. And as the "family physician" does exist even yet, thank God! outside of San Francisco (and we only have the doctor's "say-so" that he is extinct there), we again assert that it is his duty to urge upon his patients the importance of these matters, and his urging and teaching will do more to bring about a decent state of affairs than all the laws would in a century. Won't others have their say about this?—ED.

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#### ARGYROL IN GYNECOLOGICAL WORK.

I have promised to contribute my mite for the CLINIC many times, so here I am at last. I shall say no more of alkalometry than to state that I use next to nothing else in my practice. This has gradually come about during the past six years, slowly but steadily, by my increasing faith as I used the alkaloids more and more. I will give a short account of my experience in the use of argyrol during the past year. I commenced using it in gonorrhea and have been eminently successful with it. I have treated about sixty cases and only two have lasted more than sixty days and

In all cases of fracture of either the humerus or femur, examine the pulse at wrist and ankle to see if artery is torn.

most all have been well in from two to five weeks. No strictures, no chordee and very little pain. I use first a 5 per cent solution, 2 drams injected with a soft-nosed H. R. syringe and held in the urethra for 8 to 10 minutes every four hours, gradually increasing the strength to 15 or 20 per cent in the later stages. I supplement this with pill antibleorrhagic No. 416 A. A. Co. I am also using argyrol solution 10 per cent in my cases of endometritis, whether gonorrhoeal or not, with splendid success. I inject from 1 to 2 drams with an intra-uterine syringe directly into the uterine cavity and tampon the vagina tightly against the cervix and leave it from 12 to 16 hours when the tampon is removed and a hot douche is given. This is repeated daily in acute cases and 2 to 3 times a week in chronic cases. In some cases I use as high as 25 per cent solution. I am becoming somewhat famous from my cures of cases of "the whites" and "inflammation of the womb," etc.

I have not failed to give rapid relief in any case and have treated some, where operation had been strongly advised by eminent surgeons. I have five cases on hand now, all of which are very interesting from the fact that all of them had complained for some time of extreme tenderness of the ovaries with foul leucorrhoeal discharge; and all had been advised by some of our eminent physicians to undergo operation for the removal of the ovaries. I sincerely believe that I shall be able to perfect a cure in each case. One (the worst case) has been under treatment for five weeks, treated three times a week; all tenderness gone and discharge almost entirely ceased. The others have not been under treatment quite so long but are doing

nicely. I have also used it in 10 per cent solution in ophthalmia neonatorum, dropped in the eyes every 2 hours, always after thoroughly cleansing with boric acid solution. One of the worst cases I ever saw was completely cured in ten days. I also find it invaluable in all catarrhal troubles. I think that in argyrol we have the gynecologist's best friend and by using it properly many, yes very many women may be spared the terrible disaster of being unsexed.

G. B. CAMPBELL, M. D.

Sacramento, California.

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Much obliged to you, Doctor, for your little note. Why don't you tell us about your use of the alkaloids?—Ed.

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#### A NOTE ON CIRCUMCISION.

In young boys, oftentimes, we find adherent prepuces without abnormal narrowing of the foreskin. With a little force we can separate the adhesions by drawing the foreskin over the glans. The glans should be then cleansed and some bland oil applied (Euarol is excellent), and the foreskin drawn down over the glans. Have the child brought to the office every second day and repeat the maneuver, until the membrane is healed and no more adhesions can take place. Teach the parent how to keep the parts clean. This, however, is not circumcision—it is something better for the case described.

Before deciding upon circumcision it is well to realize that it has its drawbacks. One of them recently came to my notice. A man with a simple



On no account apply lead lotions to an eye when there is any abrasion of the corneal epithelium.

Any wounds of the ciliary region attended with loss of the vitreous, demand prompt excision of the eye.

phimosis went to the Massachusetts General Hospital. A surgeon there of considerable eminence performed a circumcision. As a result of the operation keloid tissue formed excessively, and after a time amputation of the whole penis had to be done.

I believe the trouble in this case to have been faulty technique. The membrane and skin had not been sewn together. But whatever the cause the case furnishes food for thought. Let us do a circumcision only when it is necessary, and then let us carefully sew the membrane and skin together and watch the case until it is completely healed. The most minor surgical operation is fraught with terrible possibilities. Careful technique is the only safeguard.

E. A. TRACY, M. D.

Boston, Mass.

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#### THE EFFECT OF MATERNAL LESIONS ON THE FETUS.

In a recent number of THE SURGICAL CLINIC there was an article asking for report of a case of burns affecting the fetus, mother having suffered at a very late date. I send a report which I picked up while traveling in Pennsylvania three years ago. I saved it because I have not been able to find a case of maternal impression affecting the fetus *in utero* at so late a date. The latest verified case I know of is thirty days before birth.

C. J. BAYER, U. S.

Hampton, Iowa.

The report which the writer refers to follows and is of extreme interest. It is taken from the *Pennsylvania Medical Journal*, for July, 1900, and was written by A. D. Whiting, M. D.

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Before you prescribe for an inflamed eye examine for foreign body (with glass) and corneal implication.

#### A CASE OF MATERNAL IMPRESSION.

Mrs. A., colored, aged 20 years, primipara, was admitted to the German Hospital suffering with severe burns of the body, head, and extremities. Patient was pregnant, and said that she had been expecting to become a mother for the past few days. The burns were very extensive, the back, posterior part of the thighs, the perineum, and external genitalia, and the head being markedly affected. The child was alive on admission, about a half hour after the injury to the mother had been received, as was evidenced by its movements in the womb and the heart-beats. Nine hours after admission a male child was delivered, dead, after the mother had been in labor about two hours. The presentation was l. o. a., and the delivery of the child was accomplished without any difficulty, the uterine force being apparently strong and regular. Efforts were made to resuscitate the child, but without avail. The mother died ten hours later, or about twenty hours after receiving her injury. The child presented fresh looking blebs on the legs, arms, and face, and extensive blisters on the back, the back of the thighs, and the scrotum, the parts affected corresponding to a marked degree to the burned areas of the mother. This was especially noted with regard to the back and the scrotum, the back and vulva of the mother having been severely affected.

Many interesting points were developed in the case. On admission, the fetus was alive. Prognosis of fatal termination, as far as the mother was concerned, was given, and the question of saving the child was brought forth. Cesarean section was advised with this end in view, but the husband positively refused

It is not always easy to find foreign bodies in eye: a feather dipped in oil should be swept over cornea.



his consent to an operation. It is probable that such an operation would have been of no avail, as it is likely that the child received the shock from the burns almost coincidentally with that received by the mother, and that a living child would have been delivered only to succumb to shock and the extensive injury from the maternal impression of the burns.

Statistics show few, if any, cases of maternal impressions in which the exciting cause of the impression was received by the mother so late in pregnancy. Keating's Encyclopedia cites two cases somewhat similar, in one of which reported by Wilson, the mother had received a burn of the hand when eight and a half months pregnant. The child had fresh looking blebs on the back of the corresponding hand. The other case reported by Hunt, was one in which the mother had received excessive burns of the body and extremities during the last few days of pregnancy. The child was delivered thirty-six hours after the injury still-born, with impressions corresponding to the burns of the mother.

It would be interesting could one state positively whether the child succumbed to the shock received by the mother or whether it died from the effect of the maternal impression directly; also, whether a living, healthy child would have been delivered had an operation been performed, or whether the child would have presented a condition similar to one caused by direct burns.

The CLINIC's correspondent also sends in the following report of,

#### THE STRANGEST CASE ON RECORD.

I was called to see Mrs. T., primipara, aged seventeen, on July 23rd. Found

fetus in a very peculiar congenital condition. The heart was on the outside of the chest, and was beating regularly. There was no breast bone, no ribs, but collar bones. The cord entered the heart over the liver. The lungs were behind the liver. The aorta entered the chest just where the upper end of the breast bone should have been.

The greatest peculiarities of this case were the situation of heart, and the shortness of the cord. The cord was not more than thirteen inches long, and was attached to the breast about where the middle of the breast bone should have been. The heart was about as large as a small hen's egg. It beat for some time after the child quit breathing. The mother did well.

I held the heart in my hand, and felt the pulsation for some time. After the child died, I took the father aside and asked him if he did any butchering last November, he said yes. I asked if his wife was present, he said yes, that she saw him open and take out the lungs, liver and heart of a good many shoats. You will say that that had nothing to do with this congenital malformation. Hold on! You will call to mind the case of Jacob and Laban. How Jacob swindled the old man. He got nearly all of his father-in-law's cattle by putting about the troughs striped poles.

My case beats all the cases I have ever heard or read of.

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#### WATERCLOSET INFECTION.

On June 19, R. J. White, male, age 14, came to my office for treatment, saying he had caught some kind of a disease from "the seat in the watercloset." Upon

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In separation of the epiphysis of upper humerus or lower femur there will be no shortening: fragments project.

Never put a pad in the axilla in fracture of the acromion, neither bandage elbow tightly to chest.

examination I found three small sores on the scrotum and two on the buttock near the anus. The penis and groin appeared to be healthy. Penis a little sore from a recent circumcision, but free from the sores found on the scrotum. The boy strenuously denied any connection sexually. Is it possible for syphilis to be carried from one to another by this means? I have heard of such cases but this is the first one I have seen. This boy was drawing the princely salary of \$1.00 per week, out of which he had to board and lodge himself, so you can readily see I got a large fee. I gave him iodoform to dress the sores and syrup trifolium compound as a tonic, and told him to use soap and water freely—a thing I think he has never done. I report this case to know if any of the CLINIC family have ever seen anything of a similar character.

H. C. BRUCE, M. D.

Vicksburg, Miss.

—:o:—

The fact that syphilitic virus can be conveyed in the manner described has been proven beyond peradventure. All that is necessary is the leaving of syphilitic discharges where they can come in contact with an abraded mucous surface and the infection will be as sure as though it had been acquired. If a kiss can convey the disease, if towels and instruments contaminated with syphilitic poison are capable of inoculating a third party why should not syphilis be contracted from an infected toilet? This is a matter which should be well understood for the reason that otherwise a domestic rupture might follow an opinion expressed by some doctor that such a thing was impossible.

In this case the presence of multiple lesions would make us very suspicious of the character of the sores. They may not be specific at all. You say that the boy is not a friend of soap and water and that he has just been circumcised; is it not likely that the sores are a manifestation of one of the filth diseases?—ED.

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### SOMETHING MORE ON CIRCUMCISION.

Even among the Jews themselves there are many who are so thoroughly impregnated with the theologic aspect of circumcision that they forget to look at the matter from the moral or hygienic standpoint at all. As a rule the Christian regards it as a relic of barbarism, and if you asked the ordinary well-read man what the result of the operation is, he would tell you that it served to distinguish the children of Abraham from the rest of the world—and that is all. He might in some few instances say also that it helped to stay the spread of contagious disease.

Only a few days ago the CLINIC received a communication regarding the matter from a physician whose letter appears on another page, and in it the writer calls attention to the fact that the foreskin is in direct communication, *via the nervi erigentes* with the sexual plexus, and is of prime import in the production of the normal, healthy sexual orgasm. Now with this assertion we must beg to differ. In the first place the Jew—and he alone stands as a representative of a circumcised people—enjoys greater longevity and better health, taken as a whole, than his uncircumcised brother. Though the American Hebrew does not, it is true, follow the harder and more hazardous

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If pad is placed in axilla or elbow tightly bound to chest in acromion fractures the head is thrown outwards.

In all and any cases of elbow fracture begin to use passive motion on the tenth or twelfth day.

occupations, yet his mode of living, being as it is, almost entirely indoors and sedentary (to say nothing of his custom of combining living quarters and shop), is not conducive to good health. In fact the Jew is as a rule more or less anemic and thin, but his children though reared, too often, in a noisome atmosphere, are rugged and seldom ailing; and this applies to the poorest class. The father and mother do not spend much with the doctor either and if you want to find examples of old age you must go to the Ghetto. Has not circumcision something to do with this? Is it possible that the difference can be attributed to anything else? We think not, and as the Jew proverbially has large families it would be natural for the women of this race to exhibit much uterine disease, that is, having more children and by circumcised husbands, they should, if the operation is deleterious to health in any way, suffer more than their Christian sisters. On the contrary, there is less uterine and similar trouble among the Hebrew than any other similarly large body of women. Is it not possible that circumcision has more or less directly a good deal to do with this?

The same thing applies to the Moslems. These people have neither law, ordinance nor authority for the practice, but if there be a more ardent circumciser than the Jew it is the follower of Mohammed—and his wives suffer little from the "diseases peculiar to women," accordingly. Among the Arabs, as among many of the people of the East, the development of the prepuce calls imperatively for circumcision and the Africans are well known as possessing long and very leathery prepuces. The minute we step away from the Jew, and still have the operation of

circumcision in mind, we find that it was done for sanitary or equally cogent reasons. And where it is followed there is not only less venereal disease but less uterine disorder among the women.

This is easy to account for: In the first place there cannot be the same probability of conveying venereal disease; neither is there the same opportunity for the uncleanly man to infect women with streptococci or other non-specific but pathogenic bacteria. Intercourse itself is more naturally performed, and the female parts subjected to less "wear and tear" when the prepuce (especially the abnormally large prepuce) is gone.

Taken as a whole, the Anglo-Saxon has not a well-developed foreskin. He is not in need of its removal, therefore, as much as the people of hotter climes; but there can be no doubt that the prepuce, be it ever so little abnormal, is better off than on. If a man has this appendage so developed that it just covers the flaccid organ, and is retracted in the erect state, the only excuse we should have for its removal would be the possibility of retention of discharges. This is indeed reason enough after all, but far from imperative; but when one finds man, boy or baby with a long, undilated attachment, the sooner it is off the better. And the man who tries to persuade us that the removal is in any way injurious, must demonstrate how it is that the races which follow the custom to a man have failed to deteriorate so far?

As far as being "put there by Nature for a purpose, and its being all wrong to meddle with Nature," we would only remark that Nature also provided mankind with an appendix (and probably a tail), but, like pinnafores, these were outgrown long ago; and Nature, being a



In a case of colles fracture you should not put a splint in the palm of hand, the fingers are better free.

In a case of hip injury the surgeon can do more damage than has already occurred by rough handling to get crepitus.

methodical and slow-moving entity, has forgotten to stop providing the thing, therefore it remains only for her henchman and ally, the surgeon, to trim off the ends with his little scissors.

C.

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### TWO USEFUL "SLIPS."

The physician who attends more than half a dozen confinements in a year even, will find that it will well repay him to get up some slips like the following. No. 1 is for the patient herself, and should be given as early in the term as possible. Make it a point to get women to know that you expect to be engaged at least in the fourth month, and that your charge is the same then as if arranged with later. Explain how much better a chance this gives both mother and child, and once the idea is grasped you will find you will have all you can do.

#### SLIP NO. 1.

Directions for Mrs. \_\_\_\_\_.

D \_\_\_\_\_, Telephone No. \_\_\_\_\_.

Residence \_\_\_\_\_.

Take as much exercise as is possible without tiring yourself.

See to it that your bowels move every day. This is important.

The first day of each month send to me eight ounces of mixed (night and morning) urine. Last two months send on the 1st and 15th of month.

After the sixth month bathe your nipples twice daily with this solution: Borax oz. 1, alcohol oz. 1, water oz. 1.

At least six weeks before confinement is expected get your outfit ready. Have napkins, cotton, alcohol, rubber sheeting or oilcloth (1 yard by 2 yards), a bedpan, a two-quart fountain syringe, a

couple of small agate basins, two small sponges, and ten yards of cheesecloth. Don't forget pins;—plain and safety.

Have your nurse engaged two months ahead.

Send for her as soon as pains begin. If she arrives let her send for me when needed; if she is delayed notify me at once. In all emergencies call me at once.

If at any time during your term the following symptoms should develop notify me: Scanty urine, steady headache, disturbance of sight, swelling of feet, hands or eyes, loss of blood, constipation (obstinate), diarrhea.

If you feel that all is not right let me know it at once.

As soon as you have engaged your nurse send her to me.

Six weeks before expected confinement if I do not call, send for me to take measurements of your pelvis.

#### SLIP NO. 2.

D \_\_\_\_\_, Telephone No. \_\_\_\_\_.

Residence \_\_\_\_\_.

Mrs. \_\_\_\_\_, Probable date \_\_\_\_\_.

Directions for nurse:

See to it that the patient has everything you or I shall need, ready two weeks before time.

Prepare a number of vulval pads and have them pinned in towel ready to sterilize when called to case.

The week before, prepare (or see prepared) four packages: Two with six towels or diapers each; one a sheet, and one with half a pound of cotton.

Have these ready when I come and remove direct from oven and let me open them.

When labor begins notify me; give exact state of affairs; do not say "come at once" if there is no need, but take no

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Bear in mind that a fractured femur calls imperatively for thorough bandaging of the entire limb: examine circulation.

There is danger of getting the popliteal artery against the edge or lower fragment by traction if fracture is above condyle.

"close chances"—I may have gone out for half an hour. Better send too soon than too late.

Prepare as soon as I am sent for, two pitchers of boiled water; one must be hot. Cover with sterile cloth.

If labor has really set in bathe patient thoroughly around parts after an enema has been given and cover with sterile pad.

The enema should be of soapsuds and above body heat.

Make up bed on right side. Place old rug or oilcloth to protect carpet.

If you can get patient on a cot for labor do so.

Don't give vaginal douche of any sort.

Don't examine patient vaginally under any circumstances—unless the emergency is great and you know you can save life by doing something till I arrive.

Have patient ready for vaginal examination (placed on Kelly pad if possible). In washing parts wash towards the anus. If hair is very thick cut it. As final step, sponge vulva with a 1-1000 bichloride solution and soak pad that covers parts with same.

Take pains to see that the bed-cover is so arranged that I can see what I am doing without exposing the patient unnecessarily. Draw up her gown and cover legs with a loose sheet.

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#### A CANCER CURE THAT CURED.

I have been an irregular reader of your publications but believe I have never offered a contribution to the CLINICS. At this moment I am inclined to offer a few thoughts on the treatment of cancer, which is referred to,

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It is a good plan to gently shampoo the quadriceps in a case of fractured patella unless soft parts are damaged.

under several headings in the May issue. In an experience of over forty years in the practice of medicine and surgery, I have long since failed to have any confidence in the treatment of these conditions except by excision, unless they be of superficial growth.

While being governed by these convictions I was called a month since to operate for another trouble on a lady who was a victim of cancer of the breast. My attention was called to it during my visit but being at night I made no examination. She had been treated by a "cancer salve doctor" to the extent of several hundred dollars; and now, after a year it continued to spread and sink deeper in, the work of devastation proceeding surely until her life was a thing of misery. She mourned while the professional impostor grew rich. Strange that such conduct is tolerated in a state which spends thousands of dollars to regulate the practice of medicine in a manner that the greatest good may be realized by suffering humanity.

A few days after the occasion mentioned above, I observed an editorial in the *Medical Summary*, of Philadelphia, in which was related two very remarkable cures from cancer by the internal and external use of *Thuja Occidentalis*, after all other efforts had failed. In one that existed on the female breast, the osseous structures had been so consumed as to cause great destruction of the thoracic wall. The remedy was recommended and tried with little confidence, but contrary to all expectations improvement commenced simultaneously with its use, and continued until complete recovery ensued.

On meeting the husband of the patient to whom any attention had been

In the few cases where irrigation of chest cavity is needed use small amount of fluid and keep patient flat on back.



called, I stated my knowledge of a new remedy that came with such promise as to entitle it to a trial on his wife. I advised its use without any definite promises. Accordingly, I prescribed sufficient for internal and external use for a week. The tumor at this time (about the first of the month of May) was six inches in width and several inches longer, as it extended beneath the axilla, with a raw surface, and raised two or three inches above the normal surface. Results of first prescription were duly reported to the effect that the tumor was looking better and several large "roots" had separated and were lifted out. Another week's trial was suggested, and reported at the date of this writing, to the effect that the tumor was rapidly growing less, in some places almost on a level with the surrounding parts. Large pieces were separating and could be lifted out. The patient was again taking nourishment freely, and was feeling stronger and better in every way.

This brings the history up to the present, and corresponds so closely to the remarkable results in the case just reported, that I am feeling inspired with a confidence in this remedy for cancer, that I entertain for no other article. I shall continue the treatment and I am feeling confident that the remedy is likely to cure this case. There is evidence of systemic infection to an extent that, taken in connection with the general emaciation, would make a recovery appear very improbable; but with the wonderful results in the last two weeks I am prepared for a continuation of the same, and await developments with great anxiety.

L. F. PURVIANCE, M. D.  
Stantonville, Ohio.

This, while it interests us, does not surprise us in any way. Thuja and echinacea are the two drugs which compose one of the most successful epharmal remedies for all tissue dyscrasias and destructive processes. The Eclectic rejoices in the use of either or both, and the Homeopath has arborin—a preparation of thuja, which has done some wonderful things in the writer's hands. The value of thuja is not yet known, but its action in other tissue abnormalities would be presumptive evidence of its utility in cancer. Carry out the treatment, Doctor, and by all means report the results in detail. We have a species of inspiration that stillingin or phytolaccin, with thuja and echinacea, will, when combined properly, astonish the profession along just this line.

Briefly, thuja (*Arbor Vita*, nat. ord. *Pinacæ*), is an indigenous tree of somewhat similar appearance to the common white cedar. The leaves are the part used in medicine. They are evergreen, and the tree bears an oblong cone. The entire tree has a pleasant balsamic odor when bruised. The eclectic materia medica recommends gtt. 15 to 60 of the fluid ext., or 1 to 15 of the specific tincture. Indications: Syphilis, or other blood dyscrasias, with warty excrescences or ulceration, catarrhal states, seminal emissions, enuresis, vesical irritation in the aged female especially, (this probably from its balsamic qualities), incontinence in children, eczema of dry variety, locally in all forms of gangrene, hemorrhage from malignant growths, fissured anus and hemorrhoids, warts of any kind, bulging nevi, urethral caruncles and excoriations of glans penis, or erosions of cervix—applied diluted per tampon with glycerin—and



In irrigating the chest cavity the solutions should be thrown in with the utmost gentleness. Stop if pain follows.

Keep the brachial artery in mind all the time you are reducing a dislocation of the humerus in an old patient. Be gentle.

balanitis. It is used with success in the injection of hydrocele; one dram of a non-alcoholic solution and one ounce of warm sterilized water is thrown into the *tunica vaginalis testis* after the sac has been thoroughly emptied. Pain and some irritation follow but cure is certain. Two injections may be needed.

To sum up, thuja is anodyne, stimulant, antiseptic to a degree not yet appreciated, alterative, tonic and astringent. Its principal action is on diseased tissue—mucous membrane especially—but it is contraindicated in most acute inflammatory states of the urinary tract.

Thuja should be more widely used; if together with echinacea the practitioner will try it in all purulent and broken down, relaxed conditions, the results will unquestionably surprise him. The active principle has not yet been successfully isolated, but it will be, and when it is the alkaloidal list will be enriched indeed.—Ed.

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#### GOOD SUGGESTIONS TO FOLLOW

Allow me to make a suggestion. In one of the footnotes in *THE SURGICAL CLINIC* I read: "\$100 invested in books and instruments for treating catarrh should bring in \$1,000 per annum." I believe that is right, now let me suggest that you give us a series of articles by some bright doctor who has had experience and done this, or is doing special work of the kind, giving a list of instruments and books which the general practitioner would find useful and, if it is thought wise to go further, let the articles give the technique which the practitioner might use without being obliged to go to a post-graduate school. At the outset, anyway, give books.

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If you have a dislocated humerus and ribs broken on same side do not attempt to reduce with foot in axilla.

May I also suggest a series along the same line for rectal diseases with a list of the necessary books and instruments. I, personally, believe that we, as a profession, neglect just these things through which we might gain added practice and income while giving our patients an equivalent for their money.

A. V. LYON, M. D.

Brockton, Mass.

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We think that Dr. Lyons' suggestions are well worth consideration. Will not some one or more of the *CLINIC* readers tell us what books they have found of the greatest help to them in the treatment of catarrh and rectal diseases together with a list of the instruments really needed for both these lines of work? In the last *SURGICAL CLINIC* the footnotes dealt largely with the latter branch of practice and we have also given a good many hints on the treatment of catarrh. Now, if some busy and successful practitioner will come to the front and tell what he has learned he will place the *CLINIC* and the family under an obligation and will find that "in giving he himself will gain." At the close, the *CLINIC* will have something to say on both subjects. Send in your papers brethren and make them sharp, short and practical and remember that the G. P. has not got too much money to put into instruments, anyway.—Ed.

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#### VICARIOUS HEMOPTYSIS.

March, 1902, Miss W., 20 years old and an American by birth, consulted me for what she considered a tumor in the stomach. It was situated on the right side about over the pyloric orifice; there

Before you commit yourself to an opinion relative to elbow injuries take time and examine landmarks thoroughly.

was extreme exhaustion, retching and vomiting of mucus and blood. Pain followed the ingestion of food. On inquiry I found the condition to have existed for about 9 years, with temporary abatement and relapses. In the family there were three females suffering from uterine troubles. The father, who was by inheritance tuberculous, had succumbed to that disease some five years prior.

The subject of this report menstruated at 10 years of age, was apparently normal for a short time, when she became exceedingly anemic and menstruation was entirely suspended. At the end of some months, however, it returned at long intervals. After about four years of this condition she was taken with pain, vomiting, and brought up quite a large amount of blood from the stomach. After this she could not take any food for two months, and was nourished by rectal alimentation. Though slightly improved she remained an invalid for three years more, when the very same symptoms returned and considerable more blood was vomited.

Then her attending physician discovered what he called a lump, on the right side over the pyloric region, about the size of a goose egg. This was not tender or painful, no fever or chills, or any other trouble save the retching and nausea. From this time on she became excessively nervous, despondent, afraid to be alone for a minute, and unable to take food on account of the distress it produced. She became so extremely emaciated that none expected that she would live.

When I entered the room I saw this young lady, emaciated and white as a

ghost, so weak she could not move, retching and trying to vomit if it was only a drop of pure water. My prognosis was not at all favorable.

On examination I found a coated tongue, tenderness of the whole abdomen, but no prominence except as stated over the pylorus.

These was a rapid anemic pulse, temp. 97 plus, the right ovary was enlarged, tender and prolapsed, considerable leucorrhea, and nervous exhaustion.

Diagnosis: Endometritis followed by ovaritis, sympathetic gastric catarrh and phantom tumor.

Treatment: Ingluvin, suprarenal extract, carbolic acid and restructives—Bovine and Nuclein (W-A). Locally, iodine. This gave immediate and permanent relief. The lady gained 28 pounds in 50 days, could dance and play like her chums in six weeks of this treatment.

Now here is a case for discussion and diagnosis, but the best I have to offer in my own favor is the result of the treatment. If anyone wants to criticise don't hesitate, but remember the fellows who had the case for 9 years with progressive decline only.

H. J. NEELY, M. D.

Butler, Pa.

—:o:—

The Doctor's treatment did the work, and that is about what was wanted. The diagnosis was perhaps a little peculiar, and we think that the "sympathetic gastric catarrh" part could have been omitted with advantage. But the idea was to get intestinal asepsis, force nutrition, and so make blood and put an end to the dyscrasia of the blood with



In these days if you are uncertain owing to swelling or what-not as to nature of bone lesion, have radiograph made.

In taking things out of the ear remember that not only deafness but death has followed rough treatment.

Nuclein; and these things being done, the vessels filled with a rich new stream, everything that was wrong became right. The local application of iodine hit the nail on the head too; in fact as is apparent the treatment was so successful that the least said about anything else the better. We congratulate the Doctor on giving back to this girl the life which, while not much use to her as it was, was fast slipping away.—Ed.

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#### NEW METHOD FOR RESUSCITATING THE "NEW BORN."

I have what I consider a new method for the resuscitation of new-born infants, and probably others, though I have only had the opportunity to try it on infants. Not long ago, I tried all the known methods on a new-born infant that showed no sign of life whatever and had all of them fail though I worked no less than thirty minutes. I laid the infant on his back for a minute and made up my mind that if I could force the diaphragm upward and then the chest-wall downward, I would be imitating the natural breathing motion as nearly as possible. Placing both of my thumbs, well oiled, on the umbilicus, palms well to the side and finger-tips over the chest of infant, but not touching it, I pushed my thumbs upward to ribs making considerable pressure on abdomen and forcing contents against diaphragm. When thumbs almost touched ribs on sternum I pushed and stroked downward on chest wall with finger-tips then repeated first motion. After the fourth "round" breathing began very softly and I continued my efforts only making motions very light. Infant was doing well in ten minutes. I



The only foreign bodies that can do real harm in the ear are insects or seeds. Smoke latter and then remove with care.

think this method founded on anatomical principles. Had this been a "prince of the blood" I would have been famous.

S. F. SWANTEES, M. D.

Itasca, Ill.

—:O:—

Thank you for your information relative to your plan for resuscitation of the new born. We are going to test it as there seems to be "something in it." Yes, Doctor, that is the great trouble, we cannot all treat "princes of the blood" or princes of finance even, and we have got to be satisfied with the knowledge that we are very clever fellows doing our duty to humanity, believing in our own hearts that some day we shall play upon a beautiful harp, etc., and get paid regularly every two or three hours. Just imagine a doctor receiving fees steadily six or eight times a day! Funny, there is nothing about that in Milton's "Paradise Regained." I am sure that is the only way we will be happy hereafter. It will be such a change, Doctor.—Ed.

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#### THAT DOCTORS' UNION.

The recent article in the CLINIC under the head of "Doctors' Union" should interest all physicians who are trying to make an honest living by doing honest work in a noble profession. The sooner we become united the better. We should agree on the same fees for the same work and teach the people that if they want good work done they must pay for it and not be a hundred years over it either. The man who changes doctors every time he has run up a bill should be told that the former doctor must be paid

If the foreign body in ear cannot swell, constant and gentle irrigation in varying position will remove it.

—or at least secured—before the new one will take his case; this will be more like business.

E. S. ENGLISH, M. D.

Brevard, N. C.

—:o:—

We quite agree with your communication. The sooner people are taught that they have to pay the doctor, the better, but, Doctor, it is all right to say that we "are going to do it," but how are we going to do it? Each individual will have to be handled differently and I don't believe that a doctors' union will ever be formed in this world, although it may be in the hereafter. You see, Doctor, a professional man cannot be a business man. His mind is not built that way, and if you get a doctor who is really a good business man and a close collector of dollars, you will generally find that he also writes a great many death certificates. We have got to take out a whole lot of our payments in gratitude and the knowledge of good work well done.

We publish your communication to get the opinion of the family on it. We assure you that no one desires a better state of affairs as regards the payment of doctors than ourselves. The problem is "how?"—ED.

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#### PATIENTS vs. FORCEPS.

The editor of the CLINIC urgently requests us "scrub doctors" to write articles and makes a liberal offer for our trouble. So here goes to win the "printed prize."

On July 3, 1903, I was called to attend Mrs. S., a primipara. She had been

in labor two days already. It was a slow and tedious case. After examination and finding the head presenting, I administered a dose of morphine to give her rest, for she had not slept for two nights. This procured her three hours sleep and needed rest, and, as I expected, when she roused up the pains came on with more efficiency.

As I said, the case was tedious. At the proper time I gave ergot to strengthen the expulsive pains, but that "proper time" is never until near the last. I had given hyoscyamus earlier.

I had the patient change her position several times; to her feet, to seat on husband's knees, to her own knees and to dorsal decubitus. At the last, that we might render best assistance, she was completely exposed. Her mother, who was present, seeing that the sole difficulty was want of space at the outlet proposed that I should introduce my finger to aid. I answered, "no, it would cause a tear." I had already ceased to aid by expression, to let the orifice expand slowly. Well, the child was born at 1 a. m., July 4th, and its size made clear the cause of delay. Every woman exclaimed at its enormous size, and both daddy and mamma were proud indeed.

Now here was a case where nearly every doctor would have used forceps and had a torn perineum. The forceps tear, for two reasons: 1. Where the space is barely sufficient, they increase the bulk that must pass. 2. Although they compress the head no art can exactly imitate the direction nature gives in rotation.

I have officiated at a thousand births and had but two slight accidents yet. In one case the perineum had been already

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If there is a foreign body in nose or ear of a nervous child give an anesthetic and then work in peace.

Do not forget that in pyemia of the lateral sinus there may be absolutely no discharge from the ear.



torn at a previous labor. In the other case the womb made powerful expulsive efforts at the last causing a slight perineal tear. She was a primipara. The lesson I would teach is to go slow.

G. P. BISSELL, M. D.

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#### A SUCCESSFUL REPAIR OF THE "TENDO-ACHILLES."

A boy, 17, had the tendo-achilles cut entirely off, the upper end being drawn up  $1\frac{1}{2}$  inches. I extended the incision upward to end of tendon, drew it down and sewed it to lower end with five stitches of large cat-gut. Then I sewed up the skin wound with silk dusted with iodoform, washed the wound with CL2 solution—1-2000 before sewing. I put a splint on front of foot and leg to forcibly extend foot with the result that I got healing by first intention and the patient walks without a limp; leg as good as the other.

G. W. POTTS, M. D.

New Lancaster, Kansas.

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#### ONE MAN'S WORK FOR ONE MONTH.

In a letter to the CLINIC Dr. Cyrus Graham, of Henderson, Ky., gives an account of the work that he has accomplished during the month of May. It will be noted that the doctor speaks of himself as a "broken-down old doctor." After you have read what this "broken-down" man has done, you may feel that the only thing that ails you is that you are not "broken-down" too. The CLINIC hopes that Dr. Graham may re-

main as hale and hearty (and busy) as he is to-day, for lo, these many years, and when he does (as we all must) finally go to pieces we hope that like the Deacon's "shay" it may be while performing his duty. Thus the end will fit the man.

"Below I give you a synopsis of what a broken-down, old doctor like your humble servant had to do in the month of May. Of course this does not include the thousand and one social duties that pertain to a doctor's life in a small town.

Charity work for the city in May:

|                                                       |          |
|-------------------------------------------------------|----------|
| Obstetric cases, 3.....                               | \$ 45.00 |
| Number of pauper calls, 40.....                       | 80.00    |
| Calls on paupers at City Hospital, 24.....            | 24.00    |
| Office calls by paupers, 46.....                      | 46.00    |
| Knife wounds treated, 4.....                          | 65.00    |
| Contused wounds of skull, 3....                       | 40.00    |
| Amputation of leg, 1.....                             | 50.00    |
| Circumcisions, 4.....                                 | 60.00    |
| Abdominal section, removal of ovary and 3 tumors..... | 200.00   |
| Amputation of fingers, 2.....                         | 20.00    |
| Minor operations for removal of lipomas, 2.....       | 20.00    |
| Treatment of bite (by human being) Mazhem.....        | 15.00    |
| Lacerated wounds of arm, 1....                        | 40.00    |
| Fracture forearm, 1.....                              | 10.00    |

**\$715.00**

My regular work was:

|                               |    |
|-------------------------------|----|
| Calls .....                   | 62 |
| Office patients .....         | 51 |
| Operations, hemorrhoidal..... | 2  |
| "    fistula in ano.....      | 2  |
| "    internal urethrectomy..  | 4  |
| "    lipoma removed.....      | 1  |
| Obstetric cases.....          | 3  |

• • • • •

Because the discharge from ear is not foul and is small in quantity is no reason for excluding pyemia of sinus.

The one thing that is most dangerous of all to a woman over forty with a tumor of breast is delay in excising it.

Now, isn't that enough to take up the most of my time for 30 days?

Here's to the CLINIC. May I have more time to read it.

CYRUS GRAHAM, M. D.

Henderson, Ky.

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### PRACTICAL HINTS FOR PRACTICE.

I have been taking *The Alkaloidal Clinic* for some time and have recently subscribed to the *SURGICAL*. They are the most practical journals I have ever seen and no physician or surgeon should be without them. They are the real guides to accurate therapeutics and always well worth reading from cover to cover.

The "clear out and clean up" treatment is all that is necessary in some diseased conditions and is "half-the-battle" in nearly all departures from health. The Intestinal Antiseptic and Saline Laxative are wonder workers in gastrointestinal diseases and I would feel at a loss without them. In all digestive disturbances they are valuable aids to treatment.

In gastro-intestinal indigestion, I have found caroid a most reliable digestant since it acts on all kinds of food in acid, alkaline or neutral media. It should replace all the pepsin, pancreatin and diastase preparations so commonly prescribed.

Having had many cases of malarial fever in infants and children and so often used amorphous or tasteless quinine without apparent effect, I have naturally lost faith in the many tasteless tonics now recommended which have it for their base. In search for

something better, I find that Lilly's preparation of quinine sulphate is in such a palatable form that most any child will cry for it.

Calcium iodized proves very efficacious in the treatment of coughs and colds. I have recently prescribed it in an advanced case of whooping-cough with marked benefit.

The Anodyne for Infants is a valuable remedy for sleeplessness and coughs and as a general sedative.

Have several cases of which I would like to write.

Case 1. Young lady, 17, family history good, had pneumonia two winters successively, the last about 18 months ago. Recovery has never been complete. Mucus, sometimes purulent in the early morning is constantly expectorated. No fever, pulse normal and respiration normal, except on auscultation, are detected in the right bronchus. General appearance is good, appetite and digestion are normal. No emaciation. Tongue furred white and throat hyperemic and covered with mucus. Has a glistening appearance. No tonsillitis or elongated uvula. Never confined to bed and attends to school and household duties regularly. Treatment since under my care, now three weeks: Calomel and podophyllin q. s., Saline Laxative every morning, calcium sulphide, iodoform, strychnine, iron, quinine, hydrastis, caroid and cough remedy containing atropine. Gave iodoform gr. 1 three times for ten days, then changed to calcium sulphide gr. 1 three times which she is still taking and is steadily improving. Am using Glycothymoline locally.

Case 2. Young lady, 18. Family history good. Had measles several

In dressing very extensive burns it is the height of barbarity to refuse to give an anesthetic—chloroform is best.

In using carbolic acid for burns leave the pure acid on only a moment and then neutralize with alcohol.

years ago after which tonsillitis with naso-pharyngeal catarrh developed. Specialist removed tonsils with several adenoids and treated the catarrhal inflammation with very slight benefit. General appearance is good and complains chiefly of her throat being sore and nasal obstruction first on one side and then the other. Throat shows swollen and congested mucous membrane with granular elevated patches, especially on the posterior wall. Appetite and digestion good. Menses somewhat delayed at times. Pulse and temperature normal. Treatment strychnine, iron, quinine, iodides of potassium, arsenic and mercury, phytolacca, cathartics Saline Laxative, Glycothymoline and adrenalin locally with avoidance of excess of meats and sweets. Intend following the treatment with Salithia and Euarol. Shall get druggist to stock all of your standard preparations.

Should like to hear from several who have given the pecan treatment for indigestion a fair trial.

J. H. B., of New York, will find that the true oils of wintergreen, cajuput and as you say probably a trace of croton oil are the chief ingredients of "5" drops. Combine them and see.

Any suggestion on the above cases will be thankfully received.

May the CLINICS and those interested live long in promoting the cause of alkalimetry.

RIDDICK ACKERMAN, M. D.  
Waterboro, S. C.

—:o:—

Much obliged to you, Doctor, for your pleasant appreciation and for the notes. The young lady who has had repeated

pneumonia has now a chronic infection of her pulmonary tract with the pneumococcus. Your treatment is good, and I would simply add to it the use of Euarol with an oil atomizer. She should put in her spare time using it. I enclose you a reprint on this substance.

The lady with catarrh should also use Euarol and Camphoral with oil atomizer, alternating each week, and keep her bowels clear and aseptic, as autotoxemia is almost invariably present in such cases. First cleanse the nasal mucosa with Glycothymoline, and then use the atomizer.—Ed.

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#### THE "PERIOD OF PREGNANCY."

One of the things that the young practitioner needs to be "level-headed" over, is his obstetric work. The necessity for level-headedness is called for not only as regards the actual operation of delivery but the circumstances surrounding the pregnant woman sometimes demand the greatest diplomacy on the part of her attendant. The doctor, it should be remembered, is not supposed to dogmatically assert some theory which he or others have accepted as fact, thereby breaking up a home or separating some couple who might otherwise live together in peace and amity for years.

The greatest trap to avoid is the possible proper duration of pregnancy. We are all well aware that 280 days, forty weeks or ten lunar months is the accepted time. As a matter of fact, however, the term may extend anywhere from 240 to 307 days. Under the old French law a child born 300 days after the death of its supposed father could be declared illegitimate. The Austrian

If you remove a carcinoma of the breast and fail to clear out the axilla you will have worked in vain and risked your patient.

The absolutely pure carbolic acid is the only form which can be used safely in the treatment of burns.

law accepts the figures given above and in England the time is not absolutely stated, the fact that Nature takes her own time regardless of laws sometimes, being accepted and deferred to.

Thus we should be very careful in giving an opinion as to the legitimacy or illegitimacy of any child. If the only possible date of legal conception is definitely fixed then we may quite safely allow a few days to the figures accepted in Austria and thus, if we do err, err on the side of safety. There is a quite prevalent idea that a woman cannot conceive during the middle of the month. This is usually the case, it is true, but it is far from being a safe rule to be guided by. Not only are ova shed after and before but also between the menstrual periods. Then, too, the life of the spermatozoa in suitable *media* is prolonged to two weeks. Hence it will be seen that a man may be the father of a child even though it be born 280 days subsequent to a second coitus with another male two weeks later. This is treading upon pretty dangerous ground but the facts are there nevertheless and, if we are to be governed by anything in medicine, it must be facts.

The cases in which it has been determined that there was but one possible time of fertilization have as a rule run only a few days "shy" of the ten lunar months, but it must be remembered that such cases are comparatively rare and that when there is but one union of the sexes there is also a probably restful sexual life. It is where there are frequent unions and where there is a possibility of two males being interested that the length of the term is important and here we have present just the dis-

turbing influences which would tend, anyway, to irregularity.

The safest thing for the doctor asked to give an opinion to do, is investigate thoroughly, weigh the circumstances fully and then give an answer which leans, if anything, towards the side of leniency.

The date of the last flow is open to erroneous interpretation; who can say whether a woman cohabiting steadily with a male, conceived after the last appearing period or before that which did not show? Here alone we can get an error of fifteen days.

"Quickening" is not a reliable guide at all, as it may vary six weeks. Then some women are not conscious of this occurring; others again are apt to mistake rumblings of *flatus* and bowel movements for the movements of the fetus.

If the accoucheur should be guided by the height of the uterus above the pelvic brim he is apt to be deceived again, for here, too, there is an immense amount of variation, the condition being governed by the pelvic capacity and the normality of the surrounding viscera. The quantity of *liquor amnii* also has something to do with it.

Taking the subject altogether, the longer the doctor is in practice the less willing he will be to give any decided opinion as to when conception occurred, when delivery will take place or, in many instances, whether pregnancy really exists at all. Where there would appear to be no reason for the interested woman to make misstatements the latter are often made and thus, at the very inception, there is but a shifting foundation to build an opinion upon. Still we can



The color of the urine (a greenish-brown) will warn you if carbolic acid is being absorbed in burn cases.

The dressings of burns should not be touched unless they become foul or the patient complains of pain till third day.

come pretty close to things in most cases.

After getting, as surely as may be, the date of the last appearance of the flow, we can seek to learn when subsequent to that there was satisfactory union. Some women can tell at once when conception occurs; others know absolutely nothing about it. Being guided by these differences and remembering that some women have one or more menstrual periods after conception we must fix in our own minds the date we consider it most likely that impregnation occurred and then, by watching the vaginal, uterine and pelvic signs, confirm or reject that premise. If the vaginal changes in color are "standard," if the uterus rises in the abdominal cavity according to rule and, finally, if we are able to detect fetal movement and heart-beats at the proper time we can, with comparative safety, base an opinion on the whole train of circumstances and if we are "out" at all it will be but little.

All this takes time but the man who tries to give any obstetrical opinion in a hurry is apt to drop his practice of the art about as quickly.

In order that the doctor who has but little time to read text-books may have his memory refreshed regarding the position of the uterus at the different periods, the following table is given:

Third month: Head approaches brim.

Fourth month: On level with brim.

Fifth month: Midway between symphysis and pubis.

Sixth month: Level with umbilicus.

Seventh month: Inch and a half, to two inches above umbilicus.

Eighth month: Midway between umbilicus and ensiform cartilage.

Ninth month: Reaches ensiform and gradually sinks as delivery draws near.

These approximate positions hold good only where the pelvis is normal; if the brim be contracted, the uterus, as it enlarges, cannot sink into the bony basin to the same degree as it would in ordinary cases, thus the position of the uterus in "contracted brim" parturients will be higher than it should be throughout the entire term.

C.

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### "JACK IN A PINCH" SURGERY.

On a summer day some years ago, while attending a tedious case of confinement, a messenger rode hurriedly up to the house and wanted me to hurry with him to a piece of woods about a mile from there and see a man whose foot had been cut off accidentally by a fellow chopper, and was bleeding to death.

Hurriedly making an examination of my obstetric case and finding I had some time to spare, I went to the injured man and found a young colored man, about 18 years old, lying upon the ground with a pool of blood about the right foot and leg which had strips of an old shirt tied around it from the cut to middle of thigh at intervals of about two inches.

A few excited persons were with him when I arrived but he had tied his limb himself, his partner having run for help and left him alone.

I was "up against it" as the saying goes, but soon had some water from a near-by stream in an old bucket. I carbolized it and went after the cut which I found after tearing off some old shirt. Lo! about two and one-half inches above the ankle I found the leg cut pos-

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If sent for to treat burns of a child it is always well to take with you the necessary instruments for tracheotomy.

It is bad practice to uncover an extensive burn at one time: do the redressing piece by piece.



teriorly and to the outside through the fibula and into the tibia so far that it broke off, and the leg cut at least two-thirds off, severing the posterior tibial artery, which I proceeded to ligate with some carbolized silk, leaving the ends long for drainage by adding several other layers of carbolized silk. Took off all bandages, stopped bleeding, cleansed wound as best I could, set bones in place as nearly as possible and sewed up wound with deep and shallow interrupted sutures, alternating.

I made some splints of hickory bark lined with some old shirt, placed carbolized absorbent cotton over wound, fastened splints with more old shirt and had him carried to the home of a friend nearby while I hustled back to my baby case, which I finished up that evening. Next day I went to injured man and dressed the limb which proceeded to recover rapidly and the "coon" has never thought my services worth anything to him, so owes me yet for what I did. He told me sometime after, that while he was yet on crutches a surgeon saw him, looked at the limb, asked "who did that job?" and when told, said "I would have cut it off. See?"

I always give the patient every benefit I can and don't cut off a limb that will grow on. I have the tools to cut with, too.

R. S. GAGE, M. D.

Carroll, O.

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#### A SUGGESTION AND A QUESTION.

Years ago, I read of a case where the skin of the arm and breast was undermined by pus cavities which were extending in spite of treatment; finally a saturated solution of tannin syringed

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The growing pains of children may be due to myalgia, rheumatism or periostitis. Of these rheumatism is most common.

through the fistulous tracts cleaned them out and they healed.

A woodsman came to me with his left arm in about the same condition—two openings connected with fistulous undermining of the skin for a space of 12x6 in.; we thought a spider had bitten him. The same treatment did the work but he said it hurt him pretty badly for an hour or so. How would this treatment do for anal fistula?

Man, 57, in 1892 was thrown on left side, when quiet, pulse 72 and felt well; slight exertion would run the pulse to 150 and over, when he would have a feeling like he was extremely sick and weak. He had a mile to walk and had to rest many times.

In the cool of the day he felt fine but every hot dry made him sick. He moved to the coast where it is cool the year through and recovered but cannot lay on left side without being distressed, otherwise has splendid health. What happened?

FRANK POLLARD, M. D.

Albion, California.

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#### FORMALDEHYDE AND ADRENALINE SOLUTION.

I am a constant reader of the CLINICS, and derive much useful knowledge from them both. Here is a wrinkle I found out by accident: If it has been mentioned before, I am not cognizant of it—has it? After I return from visiting smallpox cases I spray myself with formaldehyde. I recently did this and after wished to spray the pharynx with a solution of adrenalin. I poured out the formaldehyde from the atomizer and washed it, but noticed that a strong odor remained. I put in the adrenalin and

Do not forget that periostitis often simulate rheumatism so closely in children that it is necessary to examine well.

used it anyway. Did not take it up for several days, and then was surprised to see the adrenalin solution retained its color, and on using it found it as fresh and potent as ever. As we all know, adrenalin turns pink after a few hours' exposure to air and light, but a fraction of a drop of formaldehyde to 4 or 5 drams of adrenalin chloride solution will keep it for days. As adrenalin is expensive, I think this hint worth giving the CLINIC.

L. E. WHETSELL, M. D.

Bloomington, Ind.

—:o:—

Glad to know, Doctor, that you are an interested reader of the CLINICS, and that you derive much benefit therefrom. Your idea relative to spraying yourself with formaldehyde has been carried out by the writer in scarlet fever, measles and other infectious cases, for the last three or four years. He simply takes the regular 40 per cent formalin solution and dilutes it one-half or more, and pours it into a little DeVilbiss atomizer and sprays himself from head to foot; but he has not, as you have, used it as an addition to adrenalin chloride solution. This is a point worth knowing, and we take pleasure in making a note of it.

As you run across these little things, Doctor, give the general profession the benefit of them. We all need all the information we can get.—Ed.

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#### THE "BRIGGS CANULA."

The Briggs Canula is the device of a Boston surgeon, Dr. F. M. Briggs, Professor of Clinical Surgery at Tuft's Medical School. It is made of silver, and is

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Be on the lookout to detect the first sign of a secondary abscess in a case of acute osteo-myelitis.

so constructed as to be easily introduced into the abscess by way of a  $\frac{1}{8}$ -inch incision; it is self-retaining, and drains the abscess admirably until its further use is unnecessary, when its construction permits it to be readily withdrawn.

I have used this admirable, ingenious contrivance for eight years, and bespeak for it a welcome from every doctor who tests it in suitable cases. Dr. Briggs has published an account of the clinical usage of his canula in the *Boston Medical and Surgical Journal*, Vol. CXXXII, page 33, and a second article appears in the same journal, Vol. CXXXV, page 561.

As I recollect, his papers treated only of the canula in suppurating glands of the neck. I have found it of excellent use in similar cases. Practically no scar results and that is the great advantage of using it in those cases.

I wish to call the attention of my surgical confreres to its use in suppurating glands of a different region, and with a different etiology—suppurating buboes of the groin. In these cases the first thing is to use every effort to heal the primary source of infection on the penis; cleanliness and almost any antiseptic salve will do this. There are generally buboes on both sides, seldom, however, are both sides suppurating. The treatment of suppurating buboes and those in which pus has not yet formed differs. Pressure applied over nonsuppurating buboes will cure them. The suppurating cases are treated by some surgeons by total excision; this shortens the time of treatment but increases the amount of scar tissue. Another thing that seems to me a point of objection is the amount of gland tissue unnecessarily excised. That tissue can't be replaced and as it undoubtedly has a use in our body, it seems

The incisions to the bone in osteo-myelitis will often yield but little pus: relief however is great and prompt.

to me more rational to simply drain away the pus and bring about normal rehabilitation of the tissues.

I have treated several brakemen with suppurating buboes by means of drainage with the Briggs Canula. They have attended to their occupation (a rather lively one) and after three or four weeks of treatment have been discharged cured. In these cases the canula is inserted at the lowest point of the softening, and after it is inserted a collar of absorbent gauze is placed around it to prevent any pressure from coming down on the canula. The object of the cotton is to produce pressure all around the canula but not on it, so that the pressure will empty and tend to keep empty the pus cavity into which the canula is inserted. A pad of cotton is applied over the cotton collar and the whole bandaged snugly to the groin by means of a figure-of-eight bandage applied upon the thigh and opposite hip. The bandage I employ is unsurpassed for efficiency and comfort. I shall devote a special article to this later on.

This treatment compares favorably with the hospital treatment of total excision, as there is no period of total disability and no waste of useful gland tissue, every portion of which has a useful function and should not be unnecessarily

sacrificed. The following is an extract from Dr. Briggs' paper describing the canula:

"I have recently had Messrs. Leach & Greene of this city make a little instrument which covers both of these points satisfactorily. This is a self-retaining drainage canula, and is as shown in



FIG. 1.



FIG. 2.

Figures 1 and 2. It consists of two surfaces of silver, curved laterally, bent outward, and jointed at the angle. The cut through the skin being made (one-eighth of an inch), the knife is pushed into the abscess. Upon its withdrawal the canula is inserted, as in Fig. 1. When the joint is reached the external arms are closed. This reverses it. The internal arms open, dilating the tissues in the vicinity of the cut and retaining the canula within the cavity, while the external arms come together and make a tube (Fig. 2). A projection at the end of each external arm prevents it from falling into the abscess cavity, and it is fixed *in situ*. It is removed by seizing one of the external arms and withdrawing it until the hinge is reached, when, by spreading, it is again as in Fig. 1, and easily slides out."



#### REPLIES TO SURGICAL QUERIES.

QUERY 527:—"Acne." In my close observation there is a contraction in the sexual parts that causes it. In the prostatic portion of the urethra in the male,—in the *os* or *cervix* of the female. Marriage is a relief, if no "smart" (?), jumping up and washing, or enemas or "withdrawals." Bromide of potass. in 1-1000



Always remove all sequestra from long bones after necrosis, as soon as is possible: it irritates nearby tissues.

grain doses frequently repeated, is one of the remedies that will help medicinally.

529:—"Dysmenorrhea." In maiden of 31, needs xanthoxylum (prickly ash) as daily medication for a cure,—no other medication. Marriage would help.

531:—"Eczema." That poor girl has had suffering enough; and to use local

In operating for removal of dead bone it is better to remove too much than too little; be thorough and avoid sequelæ.

applications, and suppress that eruption, would be a sin, and hasten her death. She needs sulphur 1-1000 to 1-10000 frequently during the day,—and constantly for many days. The dioxygen locally, only as the itching is unbearable.

534:—"Sciatica," in old lady needs bryonin frequently, and constantly, and it will clear up all of her troubles. Hot air won't hurt.

539:—"Menstrual œdema," in 14-year-old girl, needs apis mel. to cure—1-1000 3 gr. doses four times a day all during the month. If she is unusually fleshy and flabby, the bichromate of potash might be best, same dosing. Ambra-Gris, or the mollusc sepia, are also good remedies.

541:—"Nystagmus." Hyoscyamine alone, but also think of agaracin if that fails.

542:—"Venereal Warts." Burning or cutting off is not a cure scientifically. Red sulphide of mercury (cinnabaris) 1-1000 or 1-10000 given internally four or five times a day will cure.

541:—"Myalgia." Needs guaiacum;

put it in whisky if you want to, but it will cure.

547:—"Uterine Sepsis," or "Phlegmasia dolens," will be helped by apis mel. But lycopodium, one billionth, will cure so promptly and nicely as to surprise you. Use of 1 to 250000 of Formaldehyde on page 439 seems to indicate that some persons are recognizing that there is something in the "divisibility of matter." Lycopodium is not useful, unless in billionth or decillionth dilution, then it acts and acts strongly.

550:—"Keratosiis" is a good diagnosis and the baby needs merc. red iodide, internally (and locally if you wish), 1-1000 repeated four or five times a day for some time. It must be "congenital." Carbonate of ammonia is another remedy for it.

551:—"Nymphomania" with or without your local, or surgical means; platina 6 or 30 trituration will cure and cure correctly. The Mollusc *Murex. purpurea* is another remedy to be called upon.

JOHN E. EDGAR, El Paso, Texas.

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### SURGICAL QUERIES.

QUERY 562:—"Patented Preparation: formula of." I have been treating a lady for a year for uterine trouble, using the latest and most approved methods, and she did not improve to amount to anything. She quit me and commenced to take Lydia Pinkham's Mixture, and is now feeling fairly good. Can't you tell me what it is? Doctors ought to know. Let me hear please.

F. F. N., Indiana.

You are right, Doctor. The practitioner should know what is in these secret preparations in order that he may use something better—which is not a difficult matter. The drugs in this remedy are not half as effective as many we use for troubles "peculiar to women," but then some women like to dose them-

selves, and "get better" as soon as they do.

The formula of Lydia Pinkham's Mixture as given in "Secret Nostrums and Systems" is:

|                         |        |
|-------------------------|--------|
| Cramp bark.....         | lb 1   |
| Partridgeberry vine.... | lb 1   |
| Poplar bark.....        | lb ½   |
| Unicorn root.....       | lb ½   |
| Cassia .....            | lb ½   |
| Beth root.....          | oz. 6  |
| Sugar .....             | lb. 6  |
| Alcohol .....           | gal. ½ |
| Water, q. s.....        | M.     |

—ED.

QUERY 563:—"Tuberculosis?" I have sent you a specimen of sputum to be ex-

Beware of forgetting the absence of periosteal sheath in necrosis of the femur in the popliteal space,

In operating on necrosed femur, if you have to remove bone in the popliteal space remember the popliteal artery lies above the bone.

amined for the B. tuberculosis. Specimen has been prepared according to your directions. It is from a patient with a history as follows: Female, aged about 30, had a sister die of consumption, has had a cough for the last 8 or 9 months; has daily rise of temp. in the p. m. from 101 to 103. Gave birth to a child six months ago and is still nursing the same. Patient has been under my observation for the past four or five days.

R. E. L., Oklahoma.

As you will see by the report of the laboratory, which has been sent you, this patient has a mixed infection. The tubercle bacilli are present undoubtedly, but the streptococci and staphylococci are abundant. Now it is just this condition that leads to serious results. You have here pus cavities not invaded at present by the tubercle bacilli, but forming a fertile field for them to flourish in, once they gain access thereto. The best thing for you to do here is to soak this patient with calcium sulphide, or still better, iodized lime. Helenin, two or three granules three times a day, will help you; and give the hypophosphites with creosote, or better still with guaiacol (a very good form to use is the tablet manufactured by the Mulford Company of Philadelphia.) At the same time have him inhale deeply the fumes of Sanitas oil, a few drops poured on a vessel of boiling water two or three times a day. Also spray the fauces with pure peroxide of hydrogen morning and night, telling the patient to inhale deeply during the spraying. Let us know if we can serve you any further and won't you let us know how this case progresses in the course of the next month?—Ed.

In operating on necrosed femur near the knee remember the joint, the artery and the popliteal nerve.

QUERY 564:—"Uricacidemic Erythema." A woman of thirty has periodic erythematous edema attended with smarting and itching occurring in different parts of the face. She says that it first manifested itself about the eyes following the instillation of atropine for the purpose of testing her vision. I have used any number of applications which have removed the trouble only to return again however within a few weeks. Can it in any manner be regarded as originating from the atropine or is it eczema? What shall I do for it, anyhow?

2. A man in good health complains that two of his fingers will often in chilly weather become anemic and hypersensitive—appearing as though frozen. What is it?

O. W. H., Illinois.

Case No. 1. This, Doctor, is a symptom of autotoxemia. Clean out with calomel and podophyllin, 1-6 grain of each every hour for four hours every third evening and followed in a. m. by a dram of Salithia in hot water. To the spot nothing will equal a mixture of ichthyol one part and glycerin six parts. At the same time give the Triple Arsenates with Nuclein, two after meals. Hydrastin 1-6 q. i. d., with Arseniodide will help out. The atropine did not start the trouble, but possibly caused a primary local condition which became chronic from the systemic dyscrasia.

Case No. 2. Faulty circulation. Strych. and Phos. Comp. No. 1, two after meals. Give more nutritious diet and force elimination.

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QUERY 565:—"Possible Calculus of Salivary Duct." I have a patient, male, 20 years old, who is apparently strong and healthy but ten weeks ago he had an acute attack of indigestion; no pain, but was uneasy and lost his appetite entirely. His greatest annoyance is a flow of

The fungus ulcer has granulations above surrounding tissue; these spread and bleed profusely at a touch.



saliva from one side of the mouth continually, especially at night, which keeps him from sleeping by expectorating. His digestion is now fairly good, appetite is better, and he feels much improved altogether. The driveling from mouth annoys him constantly at night, but a small dose of atropine stops it and gives him sleep. Kindly give advice.

T. E. T., Iowa.

It may be due to galvanic action between two metals used as fillings for teeth or may be due to a calculus in the duct of Steno. Examine for same and see. It may be due to some gastric or œsophageal lesion, but one would expect to find pain in either case. Unless you detect calculus, give this man one-sixth of a grain of calomel and podophyllin every hour from five to nine p. m., and follow with Saline Laxative next morning, giving one dram in a glass of hot water immediately after rising. Give him one nux and capsicum tablet before meals, and three diastase granules after meals, and if this does not relieve the condition entirely use gr. 1-500 atropine q. i. d. With careful attention to diet and the same amount of care used as regards washing out the buccal cavity with an antiseptic solution, you should have this patient on his feet in twenty-one days at the furthest.—Ed.

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QUERY 566:—"What Killed the Animal?" During an epidemic of rubeola consisting of 100 cases I lost one only—and that a tapeworm. Patient, a man of 20, was taken down with measles, was very sick for three days, when I ordered salts to clear bowel and lower temperature. Great was my consternation and also the parents' when he passed the next day a tenia solium 16 feet long, head and all. Patient had never shown signs of

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The fungous ulcer is due to obstructed venous return from the undue contraction of the surrounding parts.

tapeworm prior to this. Did the worm have the measles and succumb to the poison? Did it die of too much fever (tempt. 105), or did it yield up the ghost to some medicine given? If the latter I would like to know what?

H. A. E., M. D., Vermont.

Now you've got us, Doctor. We can only blame your remissness in not holding a postmortem on the worm, and thus discovering the cause of death. We think that your conscience will never be really easy again. To be accessory to the removal of a worm 16 feet long and plead ignorance of its very existence is, to say the least, non-ingenuous. You might (and should) have looked wise and remarked casually that you "knew it all along," and gave the "salts" on purpose to evict the beast. Perhaps you did all this but forgot to mention it.—Ed.

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QUERY 567:—"Otitis Media." Boy, 6, has chronic otitis media; since scarlet fever two years ago; treatment fails; lost a case from meningitis similarly once.

A. P., Colorado.

Give calcium sulphide up to saturation and continue just below this point until the boy is well.—Ed.

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QUERY 568:—"Ulcer." Woman, 55, large, has an ulcer above the ankle, 3 inches across, similar ulcers formed and healed twice before, health good, hygiene pretty good, declines curetting, will not rest; slight sero-purulent discharge, edges not raised or indurated, improved on Protonuclein as a dusting powder.

A. P., Colorado.

Dress with iodoform ointment thirty grains to the ounce and support with a Flavell elastic stocking. After one week, change to an ointment containing

To treat fungous oedematous ulcers successfully, you need astringents—tannin alum—together with snug pressure.

half a dram of turpentine to the ounce and so alternate week about, continuing the support. Internally give the Triple Arsenates and Nuclein, with about thirty drops of tincture of echinacea a day, and keep the bowels regular—Ed.

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QUERY 569:—"Nose Strayed." I have a patient who lost his nose; completely gone. Where can I obtain an artificial one for him? He will not consent to rhinoplastic surgery.

F. B., Florida.

Write to Frank S. Betz, Summerdale, Chicago. He knows all about noses.—Ed.

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QUERY 570:—"Eczema." Lady, 38, large and fair, healthy, bowels regular, sedentary, has an eruption behind the left ear, raised, seeps out serum at times and then dries, itchy at night or in warm weather, never spreads; existed for five years, treated by everybody, even skin specialists.

Our epileptic boy is better.

O. C. E., Pennsylvania.

To cure this eruption begin by ascertaining whether she is excreting enough solid matter by her kidneys. She should excrete about 1,000 grains a day, and if the quantity is below 600 you will not do much good until you raise it. Meanwhile apply to the affected skin an ointment of red oxide of mercury, 20 grains to the ounce. If the skin is thickened, however, first apply lint saturated with pure water-free glycerin, renewed three times a day, and kept up for one week. Of course the bowels must be kept regular and her diet carefully regulated to her needs.

I am glad the boy is better.—Ed.

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The indolent callous or chronic ulcer is small, of brick-dust color; has sanious or ichorous discharge with irregular edge.

QUERY 571:—"Urinary Calculus." I send urine for laboratory. Girl, 16, complained in March of frequent urination, with severe pain, quantity normal; improved under treatment; last week found her suffering severe pain in the left kidney, extending along ureter to bladder; relieved, but in four days the pain came severely in the bladder, and there has been none in the kidney since. Urine about six pints a day, vesical pain constant, temperature never above 100, up good part of day.

J. H. G., Indiana.

I think there is a calculus, which has passed from the kidneys to the bladder, and is irritating the latter. I would advise benzoic acid, grain 1-6, every hour while awake. Possibly you can find and crush the calculus. Let her drink plenty of water.—Ed.

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QUERY 572:—"Periostitis?" Girl, 17, well till four months ago, when began severe pains in both knees, without swelling, no fever, bowels regular, periods regular, good appetite, slept well; now the pain has left the knees and appears in the tibia and foot, which are very sore on pressure, but this only lasts a few days at a time. Then it disappears for a week or two. She gains strength, but the pains recur. It is worse by day or after motion.

A. E. S., Missouri.

There may be an inflammation of the bone or periosteum, possibly with bone abscess forming. Keep her on Saline Laxative and Intestinal Antiseptics, and give seven grains a day of calcium sulphide till she is saturated, and keep that up for two weeks. Keep her at rest. If pus forms evacuate it at once.—Ed.

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QUERY 573:—"Ringworm." Five years ago C. J. N., grocery clerk, then

The indolent "chronic" ulcer occurs after middle life, on lower third of leg and may last years. No systemic symptoms.

23, came to me with ringworm on anterior crural and inguinal regions, and dorsum of foot on other side; appeared at intervals of three to six months, with eczema; used iodine, chrysarobin strong enough to produce dermatitis, ichthyol, sulphur, bichloride 1 to 200, white precipitate, etc. Got rid of it in above situations but it has reappeared in the face for the last year; the bearded portion and at the edge of the scalp. Returns even under the use of the strong mercurials. Saturated with sulphides. Has changed occupation to letter carrier.

H. M., Indiana.

In this case I would advise you to apply ointment of oleate of copper in oleic acid. Begin with 30 grains to the ounce and increase to the full tolerance of the skin, applying it every night, rubbing well into the skin, and continued for two weeks after the disappearance of the eruption. The parasites penetrate the hair follicles where they are beyond the reach of ordinary surface applications. The older writers on skin diseases always urge epilation, but the oleate of copper has a penetrating power which usually renders this painful procedure unnecessary.—Ed.

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QUERY 574:—"Tongue Fissure." Lady, 50, healthy in all other ways, has painful fissures of the tongue; several doctors have failed; mouth washes relieve only temporarily.

N. A. K., Illinois.

Pencil the fissures with compound tincture of benzoin, and let her wash the food out of them carefully after each meal; using a W-A Intestinal Antiseptic tablet as a lozenge, allowing it to dissolve in the mouth.—Ed.

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QUERY 575:—"Leucorrhœa." I have a stubborn case of leucorrhœa; tried injec-

tions and failed. Tell me what to use for it.

G. C. W., Wisconsin.

Give the lady berberine, grain 1-6, seven times a day to restore tonicity to her connective tissues. Use a five-grain tablet of zinc sulphocarbolate inserted in the vagina and retained in place by a cotton tampon. Renew this twice a day. Or you can accomplish the object still better by the use of the W-A Vaginal Antiseptic.—Ed.

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QUERY 576:—"Cystitis." Man, 35, weight 200, three months ago began to feel tired, pain in bladder, diagnosed as stone; came to me 3 weeks ago, prostrated, bad taste in mouth, frontal headache, bowels regular, dizzy spells, can hardly drag himself about, pain over bladder, worse on riding, frequent urination, no pain down legs or in glans, much on sitting down; urine contains albumin, blood and pus, urethra tender; no specific history. Gave calomel and soda, Saline Laxative, Salithia, sulphocarbulates and Sanguiferin; arbutin freely, with hyoscyamine and strychnine. He is easier; yesterday had light fever, will not refrain from work; no prostatic enlargement, or rectal disease.

A. L. J., Iowa.

The presence of pus and blood and a trace of albumin, with the other symptoms would indicate cystitis, but the cause is not evident from the description. Your present treatment is so good that I scarcely see how it can be bettered. Let him take the arbutin, grain 1-6 every hour while awake and one grain extra on going to bed. Keep the bowels regular as you are doing and have him be very moderate indeed as to the use of meats, forbidding alcohol and all condiments absolutely. With patience I would look for a gradual recovery. Of

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Tubercular ulcers are usually on neck or groin, varicose, traumatic or venereal on leg; the rodent variety affects the face.

Never dally with spreading traumatic gangrene: an early amputation may save life at expense of a limb.

course it would be better if the man would keep quiet, but I suppose he would rather take some time and keep doing.—Ed.

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QUERY 577:—"Cataract." I have a case of senile cataract on whom I would like to try the resolvent method. I believe seaweed has been recommended. Have you had any experience with it?

W. K. C., Nebraska.

We have had a number of requests for cineraria maritima, the remedy used as a solvent of cataract. Not one of the reports we have received is favorable; but in the young cases it seems that massage of the eyeball has some effect for benefit, and Walling reports still better results when electricity is combined with the massage.—Ed.

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QUERY 578:—"Bladder Injury." Man, 22, jumped down from 4 steps and ruptured a vessel in the bladder; opened next day, clots removed, artery tied, wound closed; stitch abscesses formed, bladder reopened, found the wound had not closed, urine extravasating; the bladder had not been drained by a catheter; there is still a fistulous opening, have packed it with iodoform gauze twice a day, drained through a soft rubber catheter, but the fistula does not close. Think of cutting down and sewing up with fine catgut, and curetting. The wound shows granulations but they do not adhere. He does not relish a third operation.

F. K., Illinois.

I think your idea is correct in this case, but as he does not want an operation suppose you try this plan: Continue your present local treatment and give him arbutin gr. 1-6 every hour while awake to render the urine disin-

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If you have a case of cancrum orris, cauterize thoroughly with nitric acid and pack cheek with warm antiseptic dressings.

fectant. Keep this up for three weeks, by which time you may judge of the effect.—Ed.

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QUERY 579:—"Abortion." What are the best alkaloidal remedies to prevent abortion?

C. C., Mexico.

In regard to the prevention of abortion: Put the patient to bed. Keep her as quiet as possible, with the bowels kept soluble with Saline Laxative, and give viburnin gr. 1-6 two to five granules every hour except when asleep. If pains should occur in spite of this, give Buckley's Uterine Tonic, one every hour until the mouth begins to dry. Then repeat the dose when the dryness wears off. But if the fetus is dead nothing will prevent or ought to prevent its expulsion; and if it is simply loosened from its attachments there is danger that it may reattach in the neck of the uterus and placenta previa will result. It is unwise therefore to take too much pains to stop an abortion once under way; but in any case where abortion has occurred previously at the same period of gestation, the measures above named should be instituted four days before the period when abortion is expected or at the least intimation of its approach.—Ed.

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QUERY 580:—"Chronic Gonorrhea." I have a case of chronic gonorrhea; patient is druggist's son, three Euarol treatments failed to cure. What next?

G. H. F., South Dakota.

Even a druggist's son is not likely to get cured by three applications of Euarol; supposedly, his relationship to drugs should make him more subject to

In cancrum orris it is as absolutely necessary to treat the child as it is to treat the sore. Tonics and stimulants.

the effect of the same, but it would take probably eight or nine treatments to cure him, as it takes about twice that number of treatments to cure the ordinary individual.

"Chronic gonorrhea," Doctor, is a peculiar thing. The term covers a multitude of morbid conditions. The man with "chronic gonorrhea" may have prostatitis, cowperitis, an infection of the *sinus pocularis*, an involvement of the lacunæ of the urethral floor, or half a hundred other things; and it is hardly to be supposed that any one remedy is going to cure the whole assortment.

We would suggest that you give this boy the following prescription *per os*:

R Naphtalin .....dr. 1  
Sacch. lact. ....oz. ½  
Mix.

Direct: 10 grains q. i. d., together with enough lithium benzoate to keep the urine distinctly alkaline.

I would insert one Candle (Drainage) Bougie No. 2 every two or three hours during the day, and at least every third day would inject 10 minims of Euarol into the deep urethra, taking particular pains to see that it was at blood heat and that the urethra was dry, as dry as possible that is to say. Now, Doctor, if you will do this, you are bound to cure even "chronic gonorrhea." The writer takes case after case and has no trouble with them, but first the thing that one has to do is to find out what the complication is that sets up the "incurable" condition.—Ed.

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QUERY 581:—"Autotoxemia and Climacteric Disturbances." I have a very interesting case which I think is due to motor disturbance; can you aid me? Woman, age 49, menses once in last 14

months, little or no apparent trouble at time; bowels, liver and stomach O. K., kidneys are throwing off large quantities of phosphates, sp. gr. 1028, no sugar or albumin. Complaints of no head symptoms, pupils react normally. Patellar reflexes are exaggerated, has unsteady gait, incoördination of hands and feet, cannot stand on one foot nor by closing eyes touch the tip of nose without difficulty. Her main trouble seems to be peripheral—in hands and arms, feet and legs. She says she feels as if there are shot in under the skin and this creates pain, also she has a severe burning and drawing pain in the bottom of her feet. The hands and feet are soft and the skin seems to be healthy. No dropsy, no swelling, the tongue is moist and there is no fever; no heart trouble but some distention of bowels. She is of a nervous family. My diagnosis is vasomotor disturbance due to intestinal fermentation giving an increased absorption of poison with faulty elimination. There are no sensitive spots along spine. No stammering, or tubercular or specific history. I have given this woman no medicine as yet for as she has tried a great many others I want to be sure of my treatment. What are your suggestions?

W. C. K., Ohio.

There is no question, Doctor, but that this woman has a distinct upheaval of the system, due partly to the changes natural to the menopause and partly to autotoxemic conditions. The best thing you can do here is to clear up the *prima via*, using podophyllin and calomel in pretty fair doses, say 1-6 of a grain of each half-hourly for six doses at night, and follow with Saline Laxative in the morning. Then begin and give her scutellarin three granules and avenin three granules, every three hours during her waking day. The podophyllin and calomel treatment should be repeated every third night. After a week of this

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Cancrum orris starts as a rule opposite some decayed tooth which abrades and infects the cheek: examine teeth of sick children.

In beginning carbuncle, apply ichthyol locally and next inject carbolic acid into tissue. Crucial incisions are *dernier resorts*.



treatment put this patient upon Strychnine and Phosphorus Comp. No. 2, two granules after eating, and give her morning and night one dram of the concentrated tincture of *Passiflora Incarnata*. At the same time apply a blister the size of a 25 cent piece over the cervical pneumogastric, and stimulate renal excretion with barosmin; also let this patient take large quantities of barley water, which must be made with pearl barley, on no account using the pot barley of the grocery store. To this should be added some lemon juice, and every morning she should take the juice of an orange, or better still of an entire grape-fruit.

Now, Doctor, these are our suggestions. I think I would not use colchicine, but would feel inclined to add to this five grains of the W-A Intestinal Antiseptic, giving this thirty-five or forty minutes after eating.—Ed.

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QUERY 582:—"Gas in Bowel." What is the best method of relief for those children who fill up with gas in the bowel and suffer for hours before medicines relieve them? I have had several cases of this sort in summer and can never find the right drug to give prompt results.

T. P. L., Illinois.

The best thing in these cases is to pass a soft rubber catheter or small rectal pipe well up into the colon. Warm the instrument, anoint it with oil or vaselin, and insert it with the patient in the knee-chest position, taking care to go gently and insinuating the pipe forward, not forcing it. The gas will be heard passing away, and results will be hastened and bettered if the surgeon uses gentle massage over the bowels—kneading round and round with a downward and

backward tendency. Internally give oil cajeput, three to five drops on a piece of bread, and follow with gr. 1-134 of strychnine and 1-500 of atropine. If there is much colic without appreciable distention from gas, dioscorein and menthol will settle the matter. Physostigmine, gr. 1-250, t. i. d., usually succeeds.—Ed.

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QUERY 583:—"Injury to Vertebrae." The case which I shall place before you for your diagnostic skill and ability is one causing a great deal of diversity of opinion as regards the real trouble existing. The following is a short history of the case. Man, aged 52, always healthy, employed in railroad shops. About nine months ago while at work in a leaning position was struck on the back near the region of the lower dorsal and upper lumbar vertebrae. The blow was very severe, though no pain was felt at the time, and he walked with some assistance immediately after. There was a tendency to vomit. Some days after he found it to be an exertion to move in bed though there was no loss of power or sensation. Pain now became a prominent symptom, though he only remained in bed a short time. Three months after the accident, trembling and shaking of the extremities started; he was able to walk about with a cane but unable to stand still for any time. *Status presens*; pain is very perceptible on pressure over the lower dorsal and upper lumbar vertebrae and pain is complained of in that region at all times, as well as over the buttocks. Sitting on a cold surface increases the pain. Striking the soles of the feet or any jarring exaggerates it. The trembling is now limited to one side of the body, though he feels it more or less throughout his trunk. Gets relief by laying down on his face with a pillow under his abdomen. Can't sit still for any length of time; frequently has sharp jerks of head and limb as well as tremors. Reflexes are normal; there is no loss of

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If in the old or debilitated there is a black spot with dusky-red areola on inner side of the toe, look out for dry gangrene.

An abscess near large vessel will be differentiated from aneurism by prior inflammation and lack of expansive throbbing.

sensation; motion appears all right but his gait is somewhat tottery and uncertain. It does not resemble locomotor ataxia; pain much worse when riding in vehicle or car. No treatment has been followed by any relief. You will favor by giving your opinion.

A. R. P., Ontario.

Some injury of the nerve centers, Doctor, and possibly rupture of some of the renal structure. Electricity might do some good. Have you examined the coccyx? Try flying blisters over the painful area, and rub in guaiacol. Hot air would probably be a good thing in this case. It would be impossible to really diagnose the lesion, Doctor, without a thorough examination. When we have a fracture of the dorsal vertebræ—or a dislocation—which is most likely here—the pain may be very severe or it may be trifling at times, it may be localized or radiate. The disturbances present are due to lesion of the sympathetic which passes down close to the costal articulations. The small ganglia—one of which corresponds to each rib—are also affected. All the symptoms you give are found in varying degree in cases of vetebral lesion. Only the most close and painstaking examination and comparing of reflexes and symptoms will enable you to locate the exact seat of the trouble. Blisters and counter-irritation together with gelseminine and iodine locally for a prolonged period suggest themselves, but as we said, one cannot treat such a case "unsight, unseen" without possibility of doing more harm than good. We wish we could do more to help you and your patient.—Ed.

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QUERY 584:—"Goiter." Will you please give me the best treatment for enlarged thyroid? A. F. W., Washington.

In differentiating an abscess from aneurism, remember that pressure on distal side does not increase pressure of former.

Enlargement of the thyroid (goiter) may be fibrous, cystic, pulsating, malignant or calcified. If accompanied by anemia and protruding eyes we have exophthalmic goiter. Cause of all or any of the varieties is unknown. The drinking of lime-filled water is said to cause the malady. The best treatment known is the injection into the gland twice per week of  $\frac{1}{2}$  dram of a 10 per cent alcoholic solution of iodine. Iron iodide or iodized lime should be given internally. The writer has had success with the following treatment: Rub well into the gland and surrounding parts the following:

|   |          |          |      |
|---|----------|----------|------|
| R | Ichthyol | .....oz. | 1    |
|   | Iodine   | .....dr. | 1    |
|   | Glycerin | .....oz. | 4    |
|   |          |          | Mix. |

Internally give the tablets of the freshly exposed juice of phytolacca as prepared by the large homeopathic supply houses. This juice, to be effective, must be obtained from the berries after the first frost, and if so obtained does not lose its virtue for months. The active principle and other preparations do not give the same results as these tablets in goiter. Begin with two before meals, after a week give three, in two more weeks give four, and continue there for a month. Stop one week and repeat. Three times daily give two 1-12 gr. granules of iron iodide. Keep up free elimination and order free exercise. The electric treatment with potass. iodide has never given results approaching those following this treatment.

Cystic goiter should be aspirated and drained, and iodine used locally and *per os*.

The use of the dried thyroid gland in 5-grain doses, t. i. d., sometimes gives

Abscess: No thrill, no *bruit*; may be separated from artery by manipulation, aneurism, no heat, thrill, *bruit*; blood to needle.

results and often fails. If the treatment given above should prove useless—which is not likely to be the case—the latter might be tried.—Ed.

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QUERY 585:—"Non-specific Urethritis." I have a non-specific case of urethritis in a man over fifty. It is of three months' duration. This has proved rebellious to treatment so far though all the usual remedies have been tried. Protargol simply seems to aggravate the disorder. If your specific treatment is better than Euarol I want to try it. Should you have any data upon which to give an opinion of their relative value will you kindly give same.

W. H. R., Colorado.

The comparative value of the "Specific" treatment for urethritis by use of the "Candle (Drainage) Bougies" and Euarol cannot be estimated for the reason that one is the best thing to use in certain conditions while the other will prove—as its name implies—absolutely "specific" in others.

Euarol is a bland, soothing, anti-phlogistic preparation which exerts a marked remedial action upon the deep urethral and prostatic portions of the urinary tract. Consisting, as it does, of Aristol and Euophen in a neutral, oily menstruum, it has not only the antiseptic, and alterative effect of either of these well-known drugs but has proved itself to possess a peculiar and absolutely unique action upon engorged and inflamed mucosa generally. Thus, if there be a non-specific inflammatory state of the membranous or bulbous urethra the remedy of choice will be Euarol applied locally every other day *guttatim ad guttatim* and a body temperature. Even though the disease implicate the bladder wall, the application of Euarol—after a

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A healthy ulcer heals under any dressing almost. The inflamed ulcer requires asepsis, pressure and systemic treatment.

thorough irrigation of the viscus—will do more good than anything else we know of. But if the anterior urethra be affected and there are present streptococci and other pathologic bacteria the use of Euarol is contra-indicated and the Candle (Drainage) Bougie is called for. These bougies contain astringent, bactericidal and gonocidal agents. The "No. 1" contains, in addition, a silver salt which does not irritate as Protargol often does while it does destroy the gonococcus in short order. Then, too, the "core" feature is especially adapted to treatment of the anterior urethra. As you are aware the urethra drains forward from the bulb, but no further. From this point the tendency of secretions is towards the bladder—except during urination or ejaculation.

Now, as a matter of fact, Doctor, non-specific "gleets" are ordinarily due to some affection of the bulbous or prostatic urethra—or even the prostate itself. You will readily see, therefore, that the use of Euarol here is the best practice. When, on the other hand, you have no involvement of the urethra beyond the bulb it would be worse than folly to push any body—bougie or instrument—through the infected tract into the normal and healthy deeper portion.

Judging from your letter we do not think, therefore, that the bougie would be the best treatment for this case. You state that "it is nonspecific, and in a man over fifty;" that would look as though it were a case of prostatitis or cowperitis, and we imagine the best thing you can do is to inject ten drops of Euarol into the deep urethra with a hard rubber uterine syringe and administer the following medicine *per os*: Naphthalin one dram; Sacch. Lact. ½ ounce. Sig.

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In all inflamed ulcers give a smart saline purge as the first step. Deplete locally, incise edges and dress aseptically.

Ten grains q. i. d. You might, also, inject into the urethra with an ordinary syringe a one to fifty ichthyol solution. This we would do twice daily and apply Euarol to the deep urethra (following directions for use of same to the letter) three times a week. Give the case arbutin, four or six granules three times per day with eight ounces of barley water. The latter should be made from pearl barley; one quart of water to a teacupful of barley, being boiled slowly to one-half of the quantity, then strained and another pint of water added to the product; flavor with a little lemon, sweeten to taste and give warm. Do not give it cold unless it nauseates warm. In fact, never give cold drinks to a man with specific or nonspecific urethritis.—Ed.

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QUERY 586:—"R. R. Surgery." I need a good work on railroad surgery. Where can I get the best?

P. B. M., Kansas.

I do not know of any special work on R. R. surgery, but would recommend Lilienthal's *Imperative Surgery*, which you can get by writing to the Chicago Medical Book Co. of this city. I do not have the publisher's name at hand.—Ed.

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QUERY 587:—"Recurrent Hymen?" A child, 4; when a year old a thin, white, elastic membrane commenced to grow from the posterior commissure of the labia majora until it closed the vulvar orifice, stopping at the lower border of the urethra. It soon ruptured spontaneously, but has formed at intervals ever since. I saw it just after a rupture. The remains of the membrane were clinging to the sides of the labia still. I clipped the mucous membrane at the posterior commissure, directed the mother to use

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carbolized vaselin over the seat of the formation, and to bring the child back if she saw any signs of a return. I have never met a similar case and can find no record of any.

V. P. S., Nevada.

Has any of our readers heard of a similar case?—Ed.

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QUERY 588:—"Syphilis?" Wife, 28, no children, two suspected early abortions, anemic, slight build; has pain and soreness in both tibias, left one worse, sore, tired feeling in left hip, pain in back of scapulas and back of neck, also in lumbar region; occasional slight cough, no sputa; no pelvic pain, no leucorrhea, first degree retroversion, cervix healthy; pains worse on lying down; somewhat nervous. Has been treated for rheumatism without benefit; now forbidden to work, taking fair outdoor exercise, regulates bowels with cascara; Waterbury's cod-liver oil, a tablespoonful three times a day, has proven a good servant; faradism relieves pain some; an antithermic paste to sore spots at night which give most discomfort. Coar-tars and salicylates gave no benefit and were a disadvantage. It is a surprise that your post-graduate schools are so progressive medically (?).

A. T. B., Illinois.

I am not able to make a diagnosis from the account given. The symptoms present, however, point to a probable syphilis as the cause. Suppose you give her iodoform grain 1-6, mercury biniodide and phytolaccin, each three granules, with one of arsenic iodide, before meals and on going to bed; and see if she does not improve. Possibly there might be a pus collection forming in the tibias, but the other seems the more probable. You had better see whether she is eliminating enough solids through the kidneys.—Ed.

Sloughing ulcer calls for H<sub>2</sub> O<sub>2</sub> locally, systemic building and asepsis and charcoal or antiseptic poultices.

The simple ulcer may become an inflamed one from debauch, injury, infection, etc. Granulations grow dusky and break down.

QUERY 589:—"Premature Ejaculation." What can I do for a man who has been married fourteen years and has never had satisfactory intercourse with a patient wife on account of premature emission? Says wife has never had an orgasm, and yet they have a little child 2½ years old. Can't account for it. Never more than the head of penis enters and often not that much. Any suggestions will be thankfully received.

H. O. R., Wisconsin.

This man suffers from a deranged condition of the sexual centers, and probably from a hyperesthetic prostatic urethra. Just one thing to do: "Strych. and Phos. Comp. No. 1," two after each meal and cornin four granules every three hours during the day. Euarol should be applied to the deep urethra every third day. The literature accompanying the remedy will give you the technique, Doctor, and all we can add to this is the suggestion that to be successful it is necessary to carry out the instructions to the letter. Tell this man not to be too hurried about the matter, but at the same time not to "dawdle" when he gets ready. Let him make up his mind that the time has come for activity, and as soon as this happens let him go ahead and not spend a half-hour thinking about it and making attempts which will surely prove abortive. Do not let him have any sexual intercourse whatever for the next two weeks. Keep him on the treatment indicated for that length of time, and then see how he gets along. Cut him off another two weeks and see the difference. The next time he tries he will surprise his wife and himself.—Ed.

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QUERY 590:—"Chordee." What is the best drug for chordee?

A. L. T., Ohio.

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The phagedenic ulcer is but an aggravated sloughing ulcer and means either venereal taint or profound depression of body.

For chordee use gelsemin and calcium sulphide, one grain. Just give one of the last every hour until the man's breath and skin smell like a venerable egg, and when the trouble strikes him let him take a granule of gelsemin every ten minutes until the eyelids droop, or else give him from three granules of gelsemin upwards at bedtime as a preventive. There will not be much activity, however, as long as the sulphide saturation is kept up and that will tide you over the troublesome period.—Ed.

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QUERIES 591-2:—"Fistulæ in Ano, and a Question of Ethics." I certainly appreciate your letter in regard to the young man who was thrown from the horse and broke his ribs. Sorry to say that he died a very few days after he was taken out of my hands. So you see I was lucky, once.

I have a case now on hand that puzzles me even more than the other one did: Fistulæ in Ano. Last October patient came to me and I had another doctor help me and we split the fistulæ together, curetted them out thoroughly as I thought, one going straight up on the right side of rectum four and one-half inches out side of both sphincters, curetted out quite a lot of decayed tissue, so you could almost introduce two fingers in the cavity. We did not think it advisable to split it out into the bowel at that time; it has closed down now until it is a small tract.

I wonder where the upper end starts? There is a very small opening into bowel between the sphincters but I told the patient that did not amount to anything, that we could split it out if we could get the upper part to heal. He feels real well, bowel and kidneys moving all right, good appetite, no fever, pulse 75, normal.

Would a static machine do any good; or the Finsen light?

Would it be considered "ethical" to get one of Betz's outfits and send out the "Bulletin" he furnishes with each outfit.

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Gauze soaked in warm mild solutions of bichloride (1-6000 to 1-10000) is the simplest dressing for simple ulcers.



or would sending those out be considered "advertising?" Of course I realize the fact after one "gets up" he can advertise all he wants to and it is O. K.

I also have a case of a male, 23 years old, has albuminuria, s. g. 1020 to 1025; acid; albumin with acetic acid and salt solution; more in afternoon than morning; two and one-half to three and one-half pints a day. No other symptoms found in making examination for life insurance. No casts in two specimens.

Hoping that I have made the cases clear enough so you may be able to help me a little. And thanking you in advance for what you may do for me, also for past favors.

C. H. W., Illinois.

Clean out the tract of that fistula with a strong iodine solution and then inject Euarol into the last recess. After two weeks or so scrape the walls with an ear-spoon as far as you can reach; wash out with pure  $H_2O_2$  and when sterilized fill the sinus with Protonuclein (special) powder. Repeat until closed.

Milk diet in the second case, and report after third week. Trinitrin one granule t. i. d. Clean out with apocynin until the bowels are free, then follow with lithium benzoate gr. 2; arbutin gr.  $\frac{1}{2}$ ; pilocarpine granule 1 and Saline Laxative. The drugs will be given together every three hours, the Saline in the a. m. Apocynin should be given one tablet every two hours through the day until stools are quite free. Relative to the ethical nature of the plan you mention we would like "the family's" verdict.—Ed.

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QUERY 593:—"Fibroid Tumor of Uterus." My wife has been a sufferer for about ten years from metorrhagia and we have discovered a fibroid tumor of the uterus very close to the cervix about as large as an orange. She is forty-

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Phagedenic ulcer may destroy an entire organ before you are awake. Stimulate, and use iodoform and charcoal.

eight years old and never borne children or had a miscarriage. The doctors here say there is nothing but an operation. The poor girl is in mortal dread of an operation. Can you suggest a line of treatment?

J. H., Michigan.

The chief danger of a fibroid of this character would lie in its possible degeneration. We are afraid that the operative procedure is the only feasible method for you to follow. If a good man operates it is not at all dangerous. If you particularly wish to try medicine, however, we suggest that you give five grains of iodized calcium t. i. d. and phytolaccin and ergotin three granules of each, morning, noon and night. Apply the Depleting Suppository one every other night and let us know how your wife is in a month. The treatment must be prolonged to obtain results.—Ed.

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QUERY 594:—"Complications." I am a great admirer of the CLINIC and generally read all there is in it even to the ads. Since the "Twins" have been made one that one is a "dandy." I come to you now in search of information. In the August CLINIC (p. 869, Query 3875) the writer says: "We decided upon an exploratory operation. Clivel and Walker operated and they found some slight adhesions of the intestines. They removed the left ovary though it was not diseased. There was a badly diseased appendix, a small fibroid on the uterus, also a cyst on the left ovary." Is an "ovary with a cyst on it" not diseased? If the ovary was not diseased why was it removed? Is the surgeon ever justified in removing a sound organ?

I have a patient that has the greatest combination of complications that it has ever been my misfortune to meet. She is the wife of a brother physician; they were married last February and previous to her marriage she had been operated on several times for the removal of what

In all extremely painful—"irritable" ulcers look for the nerve supplying area affected and divide it.

she called "tumors;" had also had one of her breasts amputated for "cancerous tumor" while her physician had led her to believe she did not have cancer. The microscope showed she did. She is now between five and six months gone in pregnancy, has a tumor just above the cicatrix of the amputated right breast.

She has also a distinct cavity in each lung, larger in the left. Cough is not severe but annoying. Has been confined to her bed for six weeks with intermittent fever; distinctly malarial which yielded to treatment but slowly. About ten days ago she was sitting on a chair and was suddenly attacked with a severe pain in the right leg over the sciatic nerve. This only yielded in a slight degree after a blister was applied. While this relieved some the pain is only less severe. I hesitated long and finally applied the blister with fear and trembling, but it healed nicely. While it was at its worst and discharging freely the odor was so very offensive that the patient herself noticed it. I have about exhausted and laid aside every plan of treatment that I know and am now giving morphia one-sixth of a grain, strychn. 1-60, hypodermically every six hours. I also give Liquid Peptonoids every three hours and all the nourishing food the stomach will stand. She cannot stand alcoholic stimulation in any shape. I would be glad to have your advice in this case for it has me "treed."

H. C. B., Mississippi.

Doctor, you certainly have a bundle of woes there. Really we do not quite know what to advise you, but there is one thing that might help: Iodized Calcium,

two grains every three hours, the specific tincture of echinacea, ten drops in water q. i. d., Sanguiferrin or Bovinine, one ounce every four hours and the Anticonstipation granules (Waugh's) from three to six after each meal with Saline Laxative, in hot water, before breakfast with, every third day, ten minims of Nuclein hypodermically. This treatment should eliminate the toxins from the system, combat dyscrasia of the blood, stimulate metabolism, and generally set up a more natural condition of affairs.

We publish your communication and ask for suggestions.—Ed.

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QUERY 595:—"Traumatism." Man, 33, sawlog ran over him 8 years ago, tearing flesh loose from scapulae to ilium, breaking 4 ribs, taking drugs ever since; now has good nerves and complexion, tongue heavy, dark brown coat, liver torpid, gastro-duodenal indigestion, constipated, with white gums, urine normal, pain along broken ribs and in left pleura opposite break in right ribs, works in smelter. A. H. C., Arizona.

I doubt very much if you can give any treatment directly for an injury of eight years' standing, but you can do this man a great deal of good by regulating his digestive apparatus, giving him an Eclectic Hepatic tablet at bedtime, and a dose of Saline Laxative in the morning, of each a dose sufficient for the need whatever that may be.—Ed.

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### CHIPS FROM OUR NEIGHBORS' WOODPILES.

Suppose we of the CLINIC family keep a record of all our cases of gall-stones, and make a collective investigation, presenting the evidence in favor of the medical treatment. Not such general

statements as that "all but two of my cases in 33 years have recovered without operation," but a detailed statement as to the cases treated during the current year, with results.

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The actual cautery is the real cure for ser-piginous ulcer. The course is slow, but destruction stupendous.

To abort an abscess give calcium sulphide to the limit, use heat and ichthyol locally and purge the patient.